



An Adventure  
Of a  
Lifetime

## Medical Certificate

GAN ISRAEL SUMMER CAMP

2018 – 5778  
Tel: 760-806-7765  
Fax: 760-295-0909

Camper's Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Holder's Name \_\_\_\_\_  
Group Name and Number \_\_\_\_\_  
ID Number \_\_\_\_\_  
Parents Phone: Home: \_\_\_\_\_  
Father's Work: \_\_\_\_\_ Father's Cell: \_\_\_\_\_  
Mother's Work: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Medical History

Date

Current Medication

Chicken Pox \_\_\_\_\_  
Measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
Hepatitis \_\_\_\_\_  
Pneumonia \_\_\_\_\_  
Is child treated for the following:  
Diabetes \_\_\_ Seizures \_\_\_  
Hay Fever \_\_\_ Rheumatic Fever \_\_\_  
Asthma \_\_\_ Frequent Strep \_\_\_  
Frequent Ear Infection \_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Name Dosage Reason  
Other Medical Information:  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions:  
Diet \_\_\_\_\_  
Swimming \_\_\_\_\_  
Other \_\_\_\_\_

Allergies	Yes	No	Comments
Penicillin			
Sulfa			
Aspirin			
Other Drugs			
Foods			
Other:			

Authorization to Consent to Treatment of Minor Temporarily Separate from Parents  
I, the parent(s) or Guardian(s) of \_\_\_\_\_, authorize Gan Israel or  
Chabad Jewish Center of Oceanside as our agents to consent to any diagnostic  
procedure or medical care which is deemed advisable by any licensed physician  
during the days of July 9 – 13, 2018.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_  
Please include copy of insurance card.  Copy attached?