

Camp Chai Medical History Form

Child Last Name: _____ Child First Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Birth Date: _____ Gender: () Female () Male Age at Camp: _____

Health Examination

A complete physical was given on _____ (M/D/Y)
(If a physical examination has been done in the past 2 years, then there is no need to have a new exam. Please have physician fill out this medical report.)

Immunization History

	1 (M/D/Y)	2 (M/D/Y)	3 (M/D/Y)	4 (M/D/Y)	5 (M/D/Y)
DPT (Diphtheria, Tetanus, Pertussis)					
HIB					
Polio					
MMR (Measles, Mumps, Rubella)					
Hepatitis B					
Tetanus Booster					

TB Mantoux Test: _____ (M/D/Y) Result: () Positive () Negative

Medical History (please give date of last occurrence)

Chicken pox: _____ Measles: _____ Mumps: _____
Hepatitis A, B, or C: _____ Frequent ear infections: _____

Child's Physical Limitations and Special Needs

Allergies (List): _____
Routine Medications: _____
Dosage: _____ Specific times taken each day: _____
Dietary Restrictions: _____
Special Considerations (Please be Specific): _____

Physician's Recommendation

I have examined this individual and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above. I have been this applicant's physician for _____ years.

Examining Physician Print Date

Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Parent/Guardian Signature: _____ Date: _____

Camp Permission/Emergency Form

I have authority and hereby give _____ permission to attend the Jewish Community Center of Greater Albuquerque's Camp Chai's Field Trip(s) and/or JCC Specialty Camps that involve locations other than the JCC. I understand that the Jewish Community Center's staff persons may act on my behalf in case of emergencies. I understand that in case of an emergency, ambulance transport might be involved.

Name of Camper: _____

Parent/Guardian (1): _____ (2): _____

Carrier / Health Insurance Plan Name: _____

Medical Insurance Number: _____

Name of Primary Care Doctor: _____ Phone: _____

Allergies or medical problems: _____

Emergency Contacts

Name: _____

Telephone: _____ (hm) _____ (cell) _____ (wk)

Name: _____

Telephone: _____ (hm) _____ (cell) _____ (wk)

Parent or Guardian Signature

Date

Camp General Information / Cancellation & Refund Policy

General Information

- Register your children at jccabq.org, in person at JCC Member Services office, by mail, or by calling 505-348-4455 or 505-348-4466.
- JCC membership is not required for camp. JCC members receive priority registration and a discounted rate. Your JCC membership must be current throughout the time of registration and remain active throughout your child's camp session or non-member rates will be billed. Our camp programs have limited enrollment and fill quickly; therefore, we encourage you to register as soon as you receive this brochure. 90/90 memberships do not qualify for member rates.
- A \$75 deposit is required per child per Camp Chai session. Full payment will be charged to your credit card two weeks prior to each camp session start date.
- 5% discount for sibling registration applies to siblings enrolled after first child at regular price; no sibling discounts on early-bird registrations.
- Camp Chai will have a parent orientation meeting prior to camp on **May 22 from 6–7pm at the JCC.**
- Specialty camps must be paid in full upon registration.
- Children will have the option of bringing a sack lunch or they may purchase through Rhubarb & Elliott/cafe (www.rhubarbandelliott.com) for \$6 per day.
- The JCC welcomes campers with special needs. Please note that an interview with the camp director will be conducted prior to enrollment. Eligible candidates will be high functioning, ambulatory, and can take care of their physical/personal needs.
- Some financial assistance is available for Camp Chai and for Aquatic Programs. Download applications at jccabq.org. or contact Kathie Casaus at 348-4452. **Scholarship application deadline is April 6. Scholarship decisions will be made by April 27.**

Cancellation & Refund Policy:

- Cancellations received at least 10 days prior to camp start date will be refunded in full. No refunds or credits will be issued for late withdrawal, no-shows, or expulsion from camp. Cancellations due to prolonged injuries and illness will receive a refund, less the \$75 admin fee (requires physicians letter). All refunds/credits requested after June 1st will be processed by August 31st. All unpaid balances will be billed 2 weeks prior the start of each camp session against the credit card used to make the camp deposit.
- No refunds or credits will be issued for late withdrawal, no-shows, or expulsion from camp.
- Cancellations due to prolonged injuries and illness will receive a refund, less the \$75 administration fee (requires physicians letter.)
- All refunds/credits requested after June 1st will be processed by August 31st.