

# Camp B'nos Yaakov Yehuda

**Please Note: By order of the NYS Health Dept. NO CAMPER may be allowed into camp without this completed form.**

## MEDICAL AND CONSENT FORM

- Junior Camp  
 Teen Camp

### SIDE 1 - TO BE COMPLETED BY PARENTS

CAMPER'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ Present Age \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Father's Business # \_\_\_\_\_  
 Mother's Business # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Summer Phone # \_\_\_\_\_ Name of Bungalow Colony \_\_\_\_\_  
 In Emergency Call: Name \_\_\_\_\_ Phone # \_\_\_\_\_

### **MEDICAL & PRESCRIPTION DRUG INSURANCE INFORMATION**

Please make a copy of your medical insurance card, and paste it in the back. If you have separate prescription drug coverage, make a copy of that card and paste it on back. If no cards are attached, you will be billed for your child's medical insurance and prescription drugs at regular rates.

Drugs under \$10 will be dispensed from our stock. These will be billed to you directly and will not be processed under your plan. \*Please read enclosed letter from Dr. Zegelbaum to see if your insurance is accepted.

- o Check here if you do not have medical insurance, and we will provide it for you at a cost of \$50 per trip.

#### Meningococcal Meningitis – FOR PARENTS

Dear Parent:  
 New York State Public Health Law (NYS PHL) 2167 requires us to distribute information about meningococcal disease and vaccination to all campers. This law became effective on August 15, 2003. Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities such as hearing loss, brain damage, seizures, limb amputations and even death. Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States – types, A,C,Y, and W-135. These types account for nearly two thirds of meningitis cases among college students.

To learn more about meningitis and the vaccine, please consult your child's physician. You can also find information about the disease at New York State Department of Health Website [www.health.state.ny.us](http://www.health.state.ny.us) or website of the centers for Disease control And Prevention (cdc): [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo)

#### Meningococcal Meningitis Response Form

- My child has (I have)
- o Had the meningococcal meningitis immunization (Menomune) within the past 10 years. Date received \_\_\_\_\_ (Note: the vaccine's protection lasts for approximately 3 – 5 years. Revaccination may be considered within 3-5 years)
  - o Read, or have had explained to me the information regarding meningococcal meningitis disease. My child (I) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.
  - o Read, or have had explained to me the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child (I) will not obtain immunization against meningococcal meningitis disease.
- Signed \_\_\_\_\_ Date \_\_\_\_\_

**STAFF MEMBERS MUST BRING MEDICAL FORMS TO INFIRMARY IMMEDIATELY UPON ARRIVAL.**

**IMPORTANT NOTE:**

The camp office **MUST** be notified if your child is exposed to any communicable disease during the three weeks prior to camp attendance.

**PLEASE SIGN BELOW, DO NOT OVERLOOK!**

DEPARTMENT OF HEALTH REGULATIONS REQUIRES THE FOLLOWING AUTHORIZATIONS IF YOUR CHILD ATTENDS A SLEEP AWAY CAMP.

**PARENT'S AUTHORIZATION**

We, the undersigned, custodial parents(s) guardians (s) of \_\_\_\_\_ a minor, do hereby authorize Camp Emunah B'nos Yaakov Yehudah and/or it's representative as our agents(s) to act in my/our name, place and stead in any way in which I/we were personally present, with respect to said minor, including without limitation giving consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician or surgeon. It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective until August 30, 2008, unless sooner revoked in writing delivered to said agent(s).

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

