



camp
shalom

JCC *of* Greater Dayton Health Questionnaire

Name of Camper:

Date:

Insurance Information

Name of Physician:

Phone:

Name of Dentist:

Phone:

Insurance Company Name:

Policy No.

Name of Policy Holder:

Relationship to Child:

List of any medications:

- 1.
- 2.

List any allergies:

- 1.
- 2.

Describe any health problems we need to be aware of. List any activities the child should be exempted due to health reasons.

Please explain the child's history of hospitalization and past medical treatments:

Are there any physical or mental disabilities that we should be aware of?

Are there any medical conditions we need to be aware of?

Any additional information we should be aware of?