Camp: ☐ *Agudah/Machane Ephraim* ☐ *Bnos* ☐ *Bnoseinu* ☐ *Chayl Miriam*

Ferndale/Liberty New York

Parental Consent Form

To be completed by Parent

Please return this form to: Camp Office, 42 Broadway, 14th Floor, New York, NY 10004

Staff Member/
Camper's Name _____ Date of Birth _____ Age_____

Home Address _____ City _____ State _____ Zip _____

☐ **Check here if you do not have medical insurance and wish to purchase camper accident insurance at a rate to be determined. Note: This policy only covers accidents! Pre-existing conditions are not covered. Parents of campers without insurance will be responsible for all medical fees.**

The above camper/staff member will be attending the following trips: ☐ **First** ☐ **Second**

Home Phone _____ Summer Phone _____

Father's Business _____ Name of Bungalow Colony _____

Mother's Business _____ In Emergency Call: Name _____

Father's Cell #_____ Mother's Cell # _____ Phone # _____

Allergies	✓	Comments
*Bees/Insect Bites	☐	
Penicillin	☐	
Sulfa	☐	
Cephalosporins	☐	
Other Medications	☐	
Food (List foods child is allergic to:)	☐	
Activity Limitations	☐	

Please attach a copy of the front and back of your medical and prescription card to your email.
If no card is attached, you will be responsible for all medical and drug charges.

PARENTS/MENINGITIS VACCINATION RESPONSE Please check one box and sign below.

☐ **My child has had the meningococcal meningitis immunization (Menomune[tm]) within the past 10 years.**

Date received: _____

☐ **I have 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 will not obtain immunization against meningococcal meningitis disease.**

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATED FROM HIS/HER PARENTS

SIGNATURE REQUIRED TO ATTEND CAMP

I, the undersigned, custodial parent/guardian of the minor listed above, do hereby authorize Camp Agudah, Machane Ephraim,Camp Bnos, Camp Bnoseinu, Camp Chayl Miriam, and/or Shimon Newmark, Director, as our agent(s) to act in my name, place and stead in any way in which I could do, if I was personally present, with respect to any 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 and specifically the staff of or engaged by any Medical Center selected by such agent, whether such diagnosis or treatment is rendered at the office of said physician or at such Medical Center.

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 for the period of time during which said minor(s) are in the custody of the agent(s), unless sooner revoked in writing delivered to said agent(s).

I have read the camp letter describing Meningitis, its transmission, the benefits, risks and effectiveness of immunization, availability and cost.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.

SIGN HERE

Parent's Signature

SUBMIT

Date