

**TEL HAI CAMP & RETREAT  
HEALTH & AGREEMENT FORM**

*Information on this form is not part of the camper/participant acceptance process, but is gathered to assist us in identifying appropriate care. Please print or type this record accurately & neatly. To be filled in by parent/guardian of minor or by participant over 18 themselves.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Child/Youth \_\_\_\_ Adult: \_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ (on arrival at camp) Program/Class: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street and Number City State Zip

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_ 2nd Contact# \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Second Parent/Guardian or Emergency Contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact# \_\_\_\_\_ 2nd Contact# \_\_\_\_\_

**Medical Insurance Information:**

This participant is covered by family medical/hospital insurance \_\_\_\_ Yes \_\_\_\_ No

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Health Information:**

List any physical, mental, and/or emotional conditions or limitations \_\_\_\_\_

List any restrictions on physical activity or diet \_\_\_\_\_

List any Allergies (Food, Medicines, Environmental) \_\_\_\_\_

\* Allergy severity/reactions \_\_\_\_\_

The Health History is correct so far as I know. I acknowledge that aspects of programs at Tel Hai Camp may be physically and emotionally demanding and may result in various types of injury including, but not limited to, the following: exposure to Covid-19 and other communicable diseases, sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. The person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by Tel Hai Camp to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Tel Hai Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the person named above. I understand that I am responsible for medical costs incurred by the participant. I understand that the information on this form is confidential and will be shared only with the appropriate personnel on a "need to know basis." I agree that a facsimile or digital copy of this form shall be as valid as the original. Copies should be clear and readable.

Parent/guardian/Adult camper/staff: \_\_\_\_\_  
Print Name Signature Date

Reviewed by (signature): \_\_\_\_\_ Rev. 1/04/2023