



JCC/Lillian Schwartz Day Camp at Henry Kaufmann Campgrounds
1131 Manor Road, Staten Island, NY 10314

2017 MEDICAL ALERT CARD

NAME OF CAMPER: _____ Camp: K'Ton Ton, Shalom, Chalutz, Maccabiah, Marvin's Camp,
Nesiyah/Teen Travel, CIT I or CIT II
(please circle camp division)

Parent 1 Name _____ Cell # _____ Wk# _____
Parent 2 Name _____ Cell # _____ Wk# _____

Dear Parents,
In order for camp to successfully meet the safety needs of your child, please provide us with the following information: Insurance/Medical _____ Policy # _____
Other Medical +/-or Accident Insurance _____

Family Physician Name _____ Physician Phone # _____

ALLERGIES, MEDICATIONS	EMERGENCY CONTACT PHONE #'S & RELATIONSHIP TO CAMPER
_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZATION FOR PEDIATRIC-EMERGENCY-MEDICAL AND/OR SURGICAL TREATMENT

EXPLANATION

It is the firm hope that the authorization granted on this card will never have to be used. For the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parent of the child cannot be contacted immediately, this card may be extremely important.

The authorization granted by this card will be used only where absolutely necessary and only after every attempt has been made to contact the parent.

AUTHORIZATION

IN CASE OF EMERGENCY, I HEREBY AUTHORIZE THAT THE DOCTOR OR THE HOSPITAL TO WHICH MY CHILD OR CHILDREN MAY BE BROUGHT (AND WHOMEVER THEY MAY DESIGNATE AS THEIR ASSISTANTS) TO PERFORM ANY EMERGENCY PROCEDURE OR OPERATION, TO GIVE TREATMENT AND THE ADMINISTRATION OF ANESTHETIC TO MY CHILD. I ALSO AUTHORIZE THE USE OF MY HOSPITALIZATION OR MEDICAL INSURANCE COVERAGE AS INDICATED ON THE REVERSE SIDE.

SIGNATURE _____

RELATIONSHIP TO CHILD _____

DATED: ____/____/____/