



CAMP HILBERT 2010

INFORMATION FORM AND PERMISSION FORM

This information will help us prepare for each camper this summer.

All information is confidential and will only be shared with the appropriate staff members.

Child's Name: _____ **DOB:** _____

Mother's Information: Name: _____

Address: _____ Employer: _____

Home #: _____ Work #: _____ Cell #: _____ Email: _____

Father's Information: Name: _____

Address: _____ Employer: _____

Home #: _____ Work #: _____ Cell #: _____ Email: _____

Emergency Contacts (if parent cannot be reached)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

People authorized to pick-up my child:

Name: _____ Phone #: _____

My child can identify this person () Yes () No

Name: _____ Phone #: _____

My child can identify this person () Yes () No

People who MAY NEVER pick-up my child:*

Name: _____ Phone #: _____

My child can identify this person () Yes () No

Name: _____ Phone #: _____

My child can identify this person () Yes () No

*Appropriate paperwork such as the divorce decree should be attached if a parent is not allowed to pick-up child.

Childs Physician

Name: _____ Phone #: _____

Permission Form

I hereby grant permission for my child to:

- leave Camp Hilbert under the supervision of Camp Hilbert staff members for field trips and overnights, in an authorized Camp vehicle. I also understand that I will be given weekly reminders of these Field Trips and Overnights and I am responsible for contacting the Camp Office if I do not want my child participating in one of these events.
- take part in swimming activities at Camp Hilbert.

I hereby grant permission for the Weinstein JCC Staff to take whatever steps necessary to obtain emergency medical care if warranted.

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

ADDITIONAL INFORMATION

Child's Name: _____

Brothers and Sisters of Child?

Name _____ Age _____ Enrolled in Camp Hilbert Yes No

Name _____ Age _____ Enrolled in Camp Hilbert Yes No

Name _____ Age _____ Enrolled in Camp Hilbert Yes No

If child is adopted, age at adoption: _____ does child know he/she is adopted? Yes No

Other members of household (include relationship and age) _____

Has child had camp experience? Where _____

What time does child usually go to bed at night? _____

What are child's favorite activities (indoor and outdoor)? _____

How would you describe your child's personality? _____

Does child have frequent colds? _____ Tonsillitis? _____ Earaches? _____ Allergies? _____

How does it manifest itself? (Asthma, Hay fever, Hives) _____

Any recent situations at home that may affect camper's behavior at camp? (i.e. recent separation/divorce of parents, death in family)
 Yes No

If yes, please explain: _____

Any concerns regarding the camper(s) that has resulted in professional consultation? Yes No

If yes, please explain: _____

Has camper taken any medications within the past year for medical or other reasons? Yes No

If yes, please explain: _____

Does child have any fears that you are aware of? _____

Any physical/medical limitations? Yes No

If yes, please explain: _____

Is camper looking forward to coming to camp? Yes No

Any information about your child which you feel we should know:

