

Applicant Health Information

Use A Separate Sheet If Necessary

In case of emergency, please notify: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

List past illnesses:

1. _____
2. _____
3. _____

Please list any allergies, i.e., medicine, foods, etc.

1. _____
2. _____
3. _____

Does applicant take any medications? Yes No

If yes, please list all medication(s) and the frequency that medication(s) must be given:

- | | |
|----------|---------------|
| 1. _____ | Dosage: _____ |
| 2. _____ | Dosage: _____ |
| 3. _____ | Dosage: _____ |
| 4. _____ | Dosage: _____ |
| 5. _____ | Dosage: _____ |

Is the applicant current on all required immunizations? Yes No

If no, please indicant which immunizations the applicant Is not current:

- DTaP (Diphtheria, Tetanus, Pertussis) _____
- MMR (Measles, Mumps, Rubella) _____
- Polio _____
- Chickenpox _____
- Other: _____

Has the applicant received a COVID-19 vaccine? Yes No

Has the applicant had COVID-19 in the last 14 days? Yes No

Has the applicant been in contact with anyone who has had COVID-19 in the last 14 days? Yes No

Can the applicant swim? Yes No

*The camp pool is 3ft to 5ft deep with lifeguards on duty while the pool is open. Access to the pool gate is locked when lifeguards are not available.

If no, can applicant participate in water activities? Yes No

Can applicant participate in sport activities? Yes No

If no, please explain.

The camp is not designed for individual assignment of a single counselor to an individual camper. The camp will also not accept young men with special needs which the camp is not equipped to handle. The camp is set up to run in group mode only with each counselor staying with his group 24 hours a day until Sunday morning after the recognition program is completed.