

JCC SUMMER CAMP

Counselor Emergency Information Sheet

This information will be kept confidential and used for your protection only

Name: _____ E-mail: _____

Telephone No: _____ Cell: _____

Address: _____

In case of an emergency, please provide us with the following information:

1. Name: _____	2. Name: _____
Relationship: _____	Relationship: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____

- Is there any past or current medical history/condition that the Levis JCC should know about? No _____ Yes _____ Please explain: _____
- Do you carry any medicine with you to alleviate any current medical condition? No _____ Yes _____
- What is the medication? _____
- What is the medication for? _____
- Are you allergic to any foods, medications or over-the-counter medications? No _____ Yes _____
If you answered yes, what are you allergic to and how should it be dealt with?

Participant Authorization

The information I have provided to The Adolph and Rose Levis Jewish Community Center is correct and I am permitted to engage in all camp activities. In the event that I am unable to give consent in an emergency, I hereby give permission to the medical personnel selected by the Adolph & Rose Levis Jewish Community Center staff to secure emergency treatment for me.

Primary Physician: _____ Office Number: _____

Insurance Carrier: _____ Policy Number: _____

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(if Staff Member is under 18 years of age)