



CAMP TORAS CHAIM TASHBAR

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Medical Forms Due by May 1

Attached is your Camp Tashbar Medical Form to be filled out and sent back, per the instructions that follow. It is advisable to make an appointment for your son's checkup now before the summer rush!

INSTRUCTIONS

1. PG 1 TO BE SIGNED AND STAMPED BY THE DOCTOR. The doctor's computer-generated form is only acceptable for immunizations. It is to be sent together with the Camp Tashbar signed AND stamped medical form.

There are no exemptions for immunizations accepted by the NYS Dept of Health. Please make sure your son has had ALL his immunizations including but not limited to 2 shots for measles.

DO NOT SEND PG 1 WITHOUT PG 2 – IT WILL BE DISCARDED

2. PG 2 MUST BE FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN

DO NOT SEND PG 2 WITHOUT PG 1 – IT WILL BE DISCARDED

3. PLEASE ATTACH A COPY OF YOUR INSURANCE CARD WHERE INDICATED.

Parents are responsible for any and all medical bills incurred during your son's stay in camp

Campers without a correctly filled out and signed Medical Form will not be permitted to enter camp.

REMINDER

ALL PARTS OF THE MEDICAL FORM

(Pg 1, Pg 2 including insurance cards, and immunizations) MUST BE SENT TOGETHER

DR.'S PRINTOUT IS NOT SUFFICIENT. DR. MUST SIGN AND STAMP THIS FORM

CAMP TORAS CHAIM TASHBAR



MEDICAL FORM - DUE BY MAY 1, 2025

PAGES 1 & 2 MUST BE FILLED OUT COMPLETELY AND SUBMITTED TOGETHER. PARTIAL SUBMISSIONS (one page without the other) OR INCOMPLETE PAGES WILL NOT BE ACCEPTED.

Last Name First Name Birth Date Address City/State/Zip Phone

1. IMMUNIZATION HISTORY

ALLERGIES

MEDICAL HISTORY

Table with columns for Immunization History, Allergies, and Medical History. Includes rows for DPT/DT, TETANUS, ORAL POLIO, MMR, PPD/MANTOUX, HEPATITIS A, MENINGITIS, INFLUENZA TYPE B, and various allergies like PENICILLIN, SULFA, CEPHALOSPORIN, FOODS, BEES/INSECT BITES.

*If you or your doctor objects to this vaccine please see the back of this form. Signature required.

2. PHYSICAL EXAM

Physical exam section with fields for Height, Weight, B.P., Glasses/Lenses Prescription, Operations, Serious Injuries, Fractures etc., Chronic or Recurrent Illness and Suggested Treatment, Special Restrictions, and a note to detail any special circumstances.

3. OVER THE COUNTER/PRN MEDICATIONS to be self-administered at the discretion of the camp medical director (SIGNATURES REQUIRED ON THIS FORM. Doctor: Sign below. Parent: Sign on page 2)

Table for Over-the-Counter/PRN Medications with columns: DRUG (or generic equivalent), ROUTE, DOSAGE, SCHEDULE, CONTRA-INDICATED (Check only if medication is not to be given), COMMENTS. Lists drugs like Acetaminophen, Ibuprofen, Robitussin, Dramamine, Benadryl, Sudafed, Tums, Cortisone Ointment, and Antifungal Ointment, Spray.

DOCTOR MUST SIGN AND STAMP THIS FORM AUTHORIZING USE OF 'OVER-THE-COUNTER' MEDICATIONS

Signature and stamp area for the examining physician, including fields for ADDRESS, PHONE, and DATE.

PARENT SIGNATURE ON PG 2

DR.'S PRINTOUT ACCEPTABLE FOR PARTS 1 & 2 ONLY, DOCTOR MUST STILL SIGN AND STAMP THIS FORM

DOCTOR MUST SIGN

MENINGITIS VACCINE OBJECTION Please check this box if you object to the meningitis vaccine

* I have read and understand the enclosed material on the harmful effects & risks associated with Bacterial Meningitis and the benefits of immunization. By checking the box, I note my objection to the Meningococcal Meningitis Vaccine.

OVER THE COUNTER MEDICATIONS

Please Check one: I hereby allow do not allow my son to take the over-the-counter medications, listed on page 1 of this form, under the medical director's supervision, unless contra-indicated.

EMERGENCY INFORMATION

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATED FROM HIS PARENTS

We, the undersigned, parent(s) of _____, a minor, do hereby
(First Name) (Last Name)
authorize CAMP TORAS CHAIM TASHBAR and/or Rabbi Alexander Dembitzer, Director, as our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician and surgeon at Catskill Regional Medical Center.

It is understood that this authorization is given in advance of any specific need for treatment but it is given to provide authority on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable.

We also hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of our child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for our child named above.

This authorization shall remain effective until August 31, unless sooner revoked in writing delivered to said agent(s).

Parent/Guardian Name _____ **Date** _____
(Last Name) (First Name)



Home Phone # _____ **Cell Phone #** _____

Parents' Emergency Phone # _____

Other Emergency Contact: (Name) _____ **Phone #** _____

PARENT/GUARDIAN SIGNATURE _____



MEDICAL AND PRESCRIPTION DRUG INSURANCE INFORMATION

Please make copies of your medical and prescription insurance cards and paste in the boxes below. If you do not have insurance coverage in New York State or if insurance information is not attached, please provide credit card information below to pay for all medical costs.

Medical Insurance: _____ Policy number: _____

PASTE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD HERE
 I do not have medical insurance.

PASTE A COPY OF THE FRONT OF YOUR PRESCRIPTION DRUG CARD HERE
 My medical coverage is the same, a copy of my card is already attached.
 I do not have drug coverage.

CREDIT CARD INFORMATION: Name: _____ Credit Card# _____

Visa and Mastercard only

Exp. Date _____ Signature _____



MENINGOCOCCAL DISEASE INFORMATION

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis. New York State Public Health Law (NYS PHL) §2167 and Subpart 7-2 of the State Sanitary Code requires overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights.

Camp Toras Chaim Tashbar is required to maintain a record of the following for each camper:

- A response to receipt of meningococcal disease and vaccine information signed by the camper's parent or guardian; AND EITHER
- A record of meningococcal meningitis immunization OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and spinal cord. Meningococcal disease also causes blood infections.

About 1,000- 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11-19% lose their arms and legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of vaccine is important for people at highest risk.

There are two kinds of meningococcal vaccines in the U.S.:

- Meningococcal conjugate vaccine (MCV4) is the preferred vaccine for people 55 years of age and younger. For example, 2 MCV4 vaccines are Menactra™ and Menveo™. The Centers for Disease Control and Prevention (CDC) recommend two doses of for all adolescents 11 through 18 years of age, with a booster dose at age 16. Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970's. It is the only meningococcal vaccine licensed for people older than 55. The trade name of MPSV4 is Menomune™.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

Information about the availability and cost of the vaccine can be obtained from your healthcare provider. CAMP TASHBAR does not offer meningococcal immunization services.

I encourage you to carefully review the enclosed materials. **Please complete the Camp's Medical form including the date of your son's immunization for Meningococcal disease.** If you object to having your son receive this immunization please check the box with the asterisk at the bottom of the Medical Form and sign.

To learn more about meningitis and the vaccine, please feel free to contact the camp office and/or consult your child's physician. You can also find information about the disease at the Center for Disease Control and Prevention (CDC): www.cdc.gov/vaccines/vpd-vac/menig/default.htm.

Sincerely,

Rabbi A. Dembitzer
Director