



Instructions for filling out PDF application:

1. Download the PDF application and save it on your computer.
2. Find the PDF file on your computer and open it using a PDF reader. While the PDF reader built into Windows and other devices will work, we recommend Adobe Acrobat Reader (available at <https://www.adobe.com/acrobat/pdf-reader.html>), as it will make it easier to fill out and submit the form.
3. Fill out the form. You should save the form every now and then since most PDF readers do not automatically save your work.
4. When finished, save the form one last time.
5. Applications must be signed.
 - a. If you are using **Adobe Acrobat Reader**, you can setup a digital signature and sign your application.
 - i. Click on SUBMIT and the form will be sent to your email program addressed to office@camptashbar.com. If you do not see the email in your outbox, then it has not been sent and you will need to manually create an email, address it to office@camptashbar.com, and attach the saved PDF file.
 - b. If you are unable to digitally sign the application, then you'll need to print out the application and sign it with a pen. You can then either:
 - i. Mail the printed application to the Camp Tashbar office in Brooklyn (805 East 3rd Street, Brooklyn, NY 11218)
 - ii. Scan the signed application and send the image via email to office@camptashbar.com

Caution: Please be careful about filling out the PDF form without saving it first. You might end up losing your work!



בס"ד

Dear Parents, עמורייש

It's finally here - the application so many of you have been requesting over the last few months. There are enough requests ביייה for us to fill 1½ Camp Tashbars. We strongly suggest that you fill out your application and send it in asap.

Please note: 8th Grade/Mesivta Division

Although our second half is a full 4 weeks, campers in 8th grade and above can leave a week earlier in order to get ready for the Yeshivos that begin on Rosh Chodesh Elul. A full and memorable program of activities, events etc... is planned for the 4th week. (Please see the application for dates and details.) **Mesivta Division (9th and 10th grades) will only be in session for the second half/ 3 weeks.**

There are always many new and exciting things happening in camp. Suffice it to say that **Camp Tashbar will continue the tradition of giving your children the best in ruchniyus and gashmiyus as always.**

For those applying for the first time: Our state-of-the-art facility is quite renowned as one of the most beautiful summer camps around. The gorgeous grounds and handsomely manicured lawns complemented by the multiple professional athletic courts and playing fields create breathtaking surroundings that give our campers and staff enormous pride and joy. The Hanhala are warm, caring and charismatic מחנכים whose reputations in the field of חינוך and camping are iconic. Our campers attain higher levels in learning and עבודת ה' while having a blast with an enriched program of activities and events.

We look forward בעזרהיי to having your son(s) join us for an unbelievable and unforgettable camping experience this coming summer, with the greatest staff in the greatest camp in the world. Should you have any questions, please feel free to call the office at 718-438-0913.

Sincerely,

Rabbi A. Dembitzer

P.S. Our Masmidei Tashbar option will be בעזרהיי available this coming summer. Boys in grades 8-11 can continue learning after lunch and have an extended night seder for a total of 1½ - 2 hours extra learning. Please check the box at the bottom of the application if you would like to participate. To offset the costs, a \$150 fee per half will apply.



January 17, 2026
for our
Grand Camp Reunion at
Kerem Menachem





Application Packet Checklist

- Completed application pages 1 and 2 (**signature on page 2**)
- Payment
- Income eligibility form filled out (**Regardless of Eligibility**)

PLEASE NOTE:

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

**WE WILL ONLY ACCEPT EMAILED DOCUMENTS THAT HAVE BEEN
SCANNED ON A FLATBED SCANNER AND SENT AS A
PDF ATTACHMENT.**

**WE DO NOT ACCEPT EMAILED PICTURES
OF ANY DOCUMENTS!!!**

SLEEPAWAY APPLICATION - 2026

- After we receive your application, you will be notified of your son's status of acceptance within a few weeks.
- The camp fee (as per pg. 2) must be submitted along with the application.
- **Do not use this form for Day Camp.**
- 10th Graders who want jobs (i.e., waiter, j.c., lifeguard, etc.) must fill out this application as well as the 10th grade application for a job, which will be sent upon request.

- **EMAILED APPLICATIONS MUST BE SCANNED AND SENT AS A PDF ATTACHMENT.**
- **NO EMAILED PICTURES**
- **NO FAXES**

Camp Dates for all Programs בעזרה"י

Full Summer	Grades 5-8	Thursday, June 25 – Monday, Aug. 17	❖	י' תמוז – ד' אלול	VISITING DAY
1st Trip	Grades 5-8	Thursday, June 25 – Monday, July 20	❖	י' תמוז – ו' אב	July 5 ❖ כ' תמוז
2nd Trip	Grades 5-10	Tuesday, July 21 - Monday Aug. 17	❖	ז' אב – ד' אלול	August 2 ❖ י"ט אב
3 week option	Grades 8-10	Tuesday, July 21 - Monday Aug. 10	❖	ז' אב – כ"ז אב	August 2 ❖ י"ט אב

LAST NAME _____ FATHER'S NAME _____ Rabbi Mr. Dr. _____ MOTHER'S NAME _____ Reb. Mrs. Dr.

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NO. _____ FATHER CELLULAR NUMBER _____ MOTHER CELLULAR NUMBER _____ MARITAL STATUS _____ FATHER'S SHUL _____ NO. CHILDREN IN FAMILY _____

SUMMER ADDRESS _____ SUMMER PHONE NO. _____ EMERGENCY CONTACT: NAME / RELATIONSHIP / PHONE NUMBER _____

E-MAIL ADDRESS (PLEASE PRINT CLEARLY) _____

ALL CORRESPONDENCE WILL BE SENT VIA EMAIL ONLY

CAMPER 1

CAMPER'S FIRST NAME (name he would like to be called) _____ DATE OF BIRTH ____/____/____ AGE _____ 1st Trip 2nd Trip Full Summer
 APPLYING FOR (please check one)

YESHIVA _____ GRADE (2025-2026) _____ REBBE'S NAME _____ REBBE'S HOME OR CELL PHONE NO. _____

CAMPER'S LEVEL OF LEARNING (check one) חומש חומש רשי"י התחלת משניות משניות התחלת גמרא גמי רשי"י גמי תוס' גמי מפרשים

PRIVATE TUTORING REQUESTED (which subjects) _____ CHILD SPENT LAST SUMMER AT _____ SPECIAL INSTRUCTIONS (Medical, Allergies, Bedwetting or other) _____

For Grades 8-10 only:
 3-week option
 Please check this box if you would like your son to join Masmidei Tashbar. The price is \$150 per half a summer.

CAMPER 2

CAMPER'S FIRST NAME (name he would like to be called) _____ DATE OF BIRTH ____/____/____ AGE _____ 1st Trip 2nd Trip Full Summer
 APPLYING FOR (please check one)

YESHIVA _____ GRADE (2025-2026) _____ REBBE'S NAME _____ REBBE'S HOME OR CELL PHONE NO. _____

CAMPER'S LEVEL OF LEARNING (check one) חומש חומש רשי"י התחלת משניות משניות התחלת גמרא גמי רשי"י גמי תוס' גמי מפרשים

PRIVATE TUTORING REQUESTED (which subjects) _____ CHILD SPENT LAST SUMMER AT _____ SPECIAL INSTRUCTIONS (Medical, Allergies, Bedwetting or other) _____

For Grades 8-10 only:
 3-week option
 Please check this box if you would like your son to join Masmidei Tashbar. The price is \$150 per half a summer.

CAMPER 3

CAMPER'S FIRST NAME (name he would like to be called) _____ DATE OF BIRTH ____/____/____ AGE _____ 1st Trip 2nd Trip Full Summer
 APPLYING FOR (please check one)

YESHIVA _____ GRADE (2025-2026) _____ REBBE'S NAME _____ REBBE'S HOME OR CELL PHONE NO. _____

CAMPER'S LEVEL OF LEARNING (check one) חומש חומש רשי"י התחלת משניות משניות התחלת גמרא גמי רשי"י גמי תוס' גמי מפרשים

PRIVATE TUTORING REQUESTED (which subjects) _____ CHILD SPENT LAST SUMMER AT _____ SPECIAL INSTRUCTIONS (Medical, Allergies, Bedwetting or other) _____

For Grades 8-10 only:
 3-week option
 Please check this box if you would like your son to join Masmidei Tashbar. The price is \$150 per half a summer.

Please fill out **all** information and sign the agreement below. **No application will be accepted without a signature.**

Father's Occupation _____	Mother's Occupation _____
Firm Name _____	Firm Name _____
Business Address _____	Business Address _____
Business Telephone _____	Business Telephone _____

	Campers 5-7 th Grade	8 th Grade	9-10 th Grade
Full Summer (7½ weeks)	\$4,950.00	\$4,950.00	-----
1 st Trip (3½ weeks)	\$2,500.00	\$2,500.00	-----
2 nd Trip (4 weeks)	\$2,650.00	\$2,650.00	\$3,150.00
3 Week option (Grades 8-10 ONLY)	-----	Deduct \$350.00	Deduct \$350.00

Note: All checks must be paid with American dollars and must be drawn from an American bank.

PLEASE READ AND SIGN:

CONDITIONS OF ENROLLMENT

I wish to enroll my son(s) and we agree to abide by all camp rules and regulations as well as the following conditions:

FEES AND PAYMENTS - NO APPLICATION ACCEPTED WITHOUT APPLICABLE FEES

- Applications received until February 28th must be accompanied by a **minimum deposit of \$1,000 per camper. (NO postdated checks and NO Zelle for the deposit)** Payment **must be completed by May 15th.**
- Applications received from March 1st through April 10th must be accompanied by a **minimum deposit of \$1,500 per camper (NO postdated checks and NO Zelle for the deposit).** **Payment must be completed by May 15th.**
- Applications received after April 10th must **be accompanied by full payment.**
- Deposits **cannot** be Zelled. Once your son is accepted you can Zelle the additional payments to camptashbar@gmail.com. Please include your son's name and your Zelle address in the memo.
- A \$25 fee will apply for bounced checks.
- Parents will be held responsible for any and all medical bills.
- **Important:** All parents are expected to follow the payment schedule above. Should a parent fail to pay after repeated billing and phone calls, camp will retain the services of a בית דין. Parents will be held responsible for all costs associated with collection of the camp fee. This includes but is not limited to all costs relating to all costs relating to בית דין, court fees, and a 20% of balance collection fee.

REFUND POLICY

- Deposit will be returned for cancellations until January 30th, with the exception of a \$250 per child.
- Deposit will be returned for cancellations between February 1st and March 15th with the exception of \$500 per child.
- Cancellations beginning March 16th will result in the loss of the entire deposit.
- Cancellation after May 1st, will result in the loss of the entire camp fee. **NO EXCEPTIONS**
- Any camper asked to leave camp during the summer will incur a minimum charge of \$1,000 plus a pro-rated weekly fee for the time spent in camp. (Partial weeks will be charged for full week) **Should he be asked to leave due to intolerable behavior (i.e. ניבול פה, drinking, smoking, vaping, etc.) the entire fee will be forfeited.**
- Late arrivals, early departures, absences, or failure to cancel will not result in a refund or credit.

TRIP AUTHORIZATION / HOLD HARMLESS AGREEMENT:

I have read the Conditions of Enrollment including the Fees and Payments, and Refund Policy. I agree to abide by these policies. I hereby authorize Camp Toras Chaim Tashbar (hereinafter Camp) to take my child(ren) off Camp grounds to go on trips organized as part of the camping program. This may include swimming and/or boating sites. In addition, my child(ren) may participate in any on or off ground activity organized by Camp, including but not limited to land sports, aquatics activities, indoor activities, bicycling, hiking, cookouts, etc., and I assume the inherent risk of such activities and camp programs. I will hold Camp harmless in the event of injury or property damage or loss as a result of such activities. I also agree to abide by all rules and regulations as set forth in the camp application, in the information packet and to all rules set by the camp administration, before and during the camp sessions.

Parent's Signature _____ **Date** _____



CREDIT CARD: Please fill out all information: We accept **Visa & MasterCard only.**

For applications received before March 1st your balance will be divided automatically into 3 deductions – March 15th, April 15th, & May 15th.

Applications received after March 1st will have the entire balance deducted on May 15th.

CREDIT CARD PAYMENT- PROCESSOR'S CHARGE: A processing fee of \$40 per half - \$80 for whole summer will be added to your camp fee if you choose to pay by credit card. For partial credit card payments, a 2% fee will apply.

Credits to your credit card will also incur the 2% processing fee.

CREDIT CARD INFORMATION: VISA MASTERCARD CREDIT CARD # _____

NAME ON CARD _____ EXPIRATION DATE _____ / _____ SECURITY CODE _____
Month Year

BILLING ADDRESS _____ ZIP CODE _____

By signing below, I authorize Camp Tashbar to make credit card deductions according to the schedule specified above, unless I notify Camp otherwise in writing.

AUTHORIZED SIGNATURE _____



CAMP TORAS CHAIM TASHBAR

בס"ד

Dear Parents, עבו"ש

Cong. Tashbar Toras Chaim is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive food stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following 2025-2026 income eligibility standards will be used for determining eligibility for free meals:

Income Eligibility Guidelines

<u>Household Size</u>	<u>Year</u>	<u>Month</u>	<u>Twice Per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,149
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each additional family member, add	\$10,175	\$848	\$424	\$392	\$196

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at site(s) and times as follows:

Name and Address of Site:

Camp Toras Chaim Tashbar
305 Revonah Hill Rd
Liberty, NY 12754

Meals and Serving Times:

Breakfast: 9:30 – 10:15 AM
Lunch: 1:00 – 2:00 PM
Snack: 4:30 – 5:15 PM
Supper: 6:30 – 7:15 PM

Meal Service Dates:

June 25, 2026 until & including
August 17, 2026

Please fill out and return an "Application for Free and Reduced Price School Meals/Milk." Persons interested in receiving more information should contact: **Cong. Tashbar Toras Chaim, 718-438-0913.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S. W. Washington, D.C. 20250-9410 (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov
This institution is an equal opportunity provider.

Sincerely Yours,

Alexander Dembitzer, Director

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **Camp Tashbar**

If you need help, call **(718) 438-0913**

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name. **Part 2:** Please contact us at (718) 438-0913

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Part 1. Children enrolled in Camp or Closed Enrolled Sites (Camp Tashbar)	
Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
 Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **Congregation Tashbar Toras Chaim at (718) 438-0913**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
10.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
11.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
12.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
 Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____
 Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

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

CAMP TORAS CHAIM TASHBAR



MEDICAL FORM - DUE BY MAY 1, 2026

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, HEPATITS A, MENINGITIS, INFLUENZA TYPE B, and various allergies like PENICILLIN, SULFA, CEPHALOSPORIN, etc.

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

2. PHYSICAL EXAM

Form for physical exam including 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 section for 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 for Drug, Route, Dosage, Schedule, and Contra-Indicated/Comments. Lists medications like Acetaminophen, Ibuprofen, Robitussin, Dramamine, Benadryl, Sudafed, Tums, Cortisone Ointment, and Antifungal Ointment.

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

SIGNATURE AND STAMP OF EXAMINING PHYSICIAN:

ADDRESS: PHONE: DATE: / /



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 _____