



CAMP MENORAH
 1101 Camino Real
 Redondo Beach, CA 90277
 Tele: 310/316-8444 ext.120 / Fax: 310/540-7677

**VALID
 SUMMER '09 ONLY**

MEDICAL INFORMATION

Camper's Name _____ Birthdate _____ Age _____ Grade _____

Parent's Name 1 _____

Address _____

Home Phone _____ Cell phone _____ Work Phone _____

Parent's Name 2 _____

Address: _____

Home Phone _____ Cell phone _____ Work Phone _____

EMERGENCY CONTACT

Name _____

Relationship _____

Address _____

Home Phone _____ Cell phone _____ Work Phone _____

MEDICAL INFORMATION

Family Physician: _____ Phone _____

Medical Conditions _____

Medications Taken _____

Allergies _____

Physical Limitations _____

My child may/ may not **(Circle One)** be given Tylenol, and/or Benadryl at camp. Initial

Camper resides with both parents? Mom _____ Dad _____ Other _____

Please list those authorized to pick-up camper, and relationship to camper (carpools, parents, grandparents, etc.) _____

Parent/Guardian Signature _____

CAMP MENORAH

MEDICAL, PHOTO/VIDEO, LIABILITY RELEASE FORM

1. I understand and certify that my child's participation in Camp Menorah is completely voluntary and I have familiarized myself with the camps program, policies and activities. Unless the Camp is notified, IN WRITING, my child may participate in all appropriate activities. Initial _____
2. I will notify Camp Menorah IN WRITING if my child has any physical limitations or allergies of any kind. This includes “food allergies” and “bee” or insect bite allergies. Initial _____
3. I agree to hold harmless, indemnify, and defend Camp Menorah, its officers, employees, and agents for and from all liability, claims, expenses, demands, fees, judgments and/or damages arising directly or indirectly from my child's participation in camp programs or at any time my child is on the activity premises of Camp Menorah, save and except claims arising out of the sole willful misconduct of Camp Menorah. I will reimburse Camp Menorah, its officers, staff, employees or agents for all expenses including reasonable attorney fees for all such claims made. Initial _____
4. (I)(We), the undersigned, parents/guardian of _____ a minor(s), do hereby authorize the Director of Camp Menorah, or his/her authorized representative, as agent(s) to the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis or treatment is rendered at the office of said physician or at such hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain effective until the end of the camp summer program. Initial _____
5. **Camp Menorah may use my child's photograph or electronic likeness in promotional materials.** Initial _____

I _____ parent/guardian of _____; have read, initialed, and will adhere to the above statements. By signing this agreement I acknowledge that I have read the Camp Menorah Information Packet and will adhere to Camp Menorah policies; failure to do so will result in my child being removed from Camp with no refund.

Signature _____ **Date:** _____

Campers WILL NOT be accepted into Camp Menorah without this form. Failure to return this form will remove your camper from our Camp without a refund.