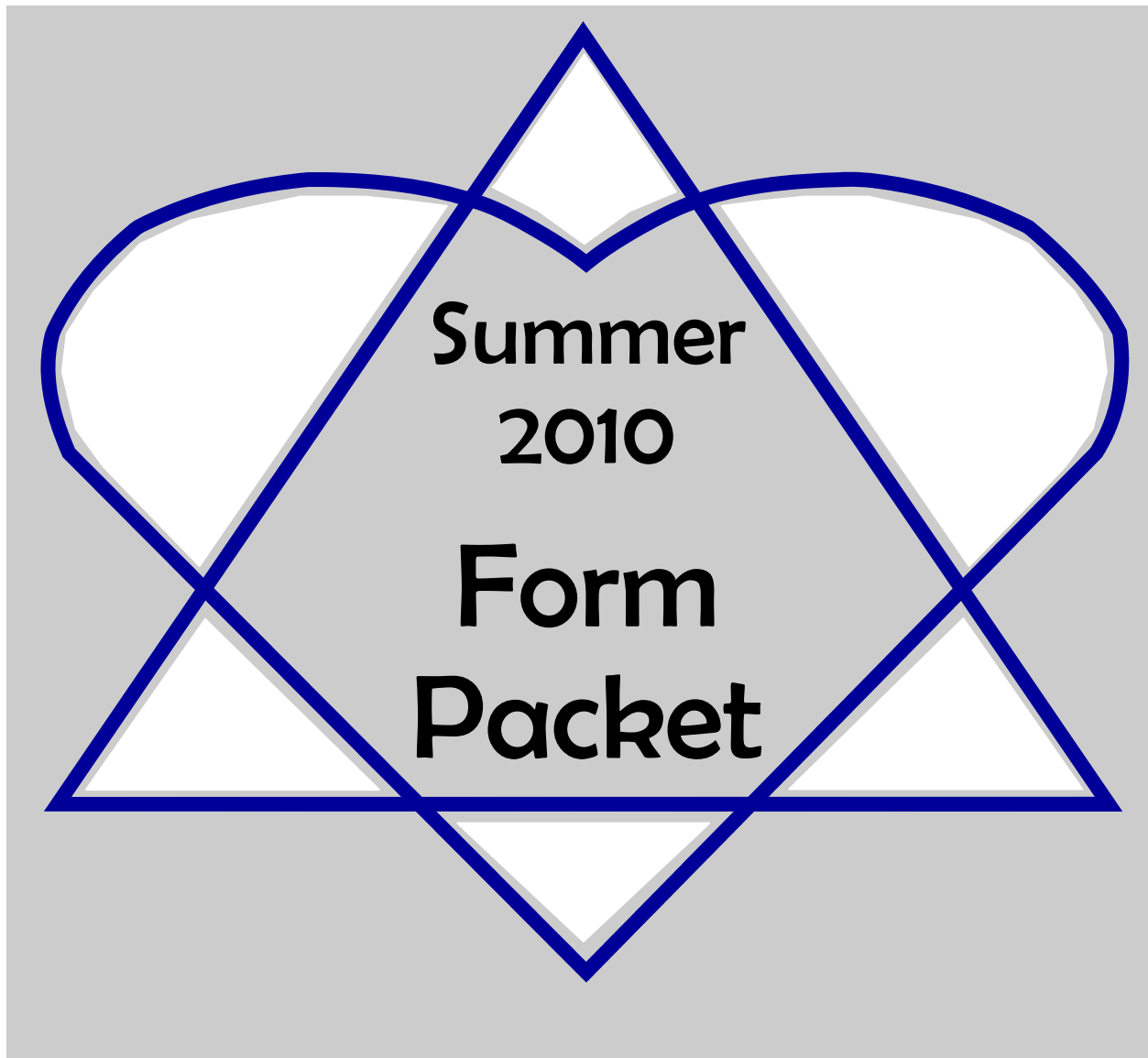


Camp Charles Pearlstein



Contact Us!

Summer:

3400 Camp Pearlstein Road

Prescott, AZ 86303

Phone: (928) 778-0091

Fax: (928) 778-5938

Winter:

10460 N. 56th Street

Scottsdale, AZ 85253

Phone: (480) 951-0323

Fax: (480) 951-7150

E-mail: camp@cbiaz.org

Name _____ Cabin _____

Health History

The following information must be filled out by the parent/guardian or adult participant. The intent of this information is to provide Camp Charles Pearlstein health care personnel the background to provide appropriate care. Please keep a copy of this completed form for your records. Any changes to the information contained herein should be provided to Camp Charles Pearlstein health care personnel upon participant's arrival at camp. Please provide complete information so that Camp Charles Pearlstein can be fully aware of your/your child's needs.

ALLERGIES (please list all known)

Please describe reaction and management of the reaction

Medication allergies

Food allergies

Other allergies (including insect bites/stings, hay fever, animal dander, etc.)

RESTRICTIONS

The following restrictions apply to this participant:

Dietary restrictions

Does not eat red meat

Does not eat eggs

This participant keeps kosher

Does not eat poultry

Does not eat dairy products

Does not eat seafood

Other (please describe) _____

Restrictions to activity (please describe):

Health History, continued

MEDICATIONS

Please list ALL medications (including over-the-counter or non-prescription drugs) taken **routinely**. Please send/bring enough medication to last the entire stay at camp. All medication must be in its original packaging that identifies the name of the medication, the dosage, the frequency of administration, and the prescribing physician (prescription only).

___ This person takes NO medications on a routine basis

___ This person takes medications as follows (please attach additional pages for additional medications):

Medication	Dosage	Administration schedule	Reason for taking	Known potential side effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Below is a list of commonly used over-the-counter medications kept at the Camp Charles Pearlstein Mearpa'ah (Infirmary) and administered by the camp nurse (or designee). Brand names are listed, but the generic equivalent may be used at the discretion of the camp nurse (or designee).

Oral Medications:	Halls/Cepacol	Topical Medications:	Solarcaine
Tylenol	Benadryl	Aloe	Benzacaine
Motrin	Claritin	Camphor	Zinc-Ox
Alleve	Dramamine	Aquaphor	Monistat
Robitussin DM	Tums	Vaseline	Tinactin
Robitussin CF	Maalox	Vanishing Cream	Menthol
Sudafed	Immodium A-D	Calamine	Cortisone
Sudafed PE	Gas-X	Aspercreme	Oragel

If there are medications on the above list that your child **MAY NOT** take, please list them here:

Health History, continued

GENERAL QUESTIONS (please explain any "yes" answers below)

Has/does the participant (please circle appropriate answer):

- | | |
|--|--|
| 1. Had any recent injury, illness, or infectious disease? ...Y N | 15. Ever been diagnosed with a heart murmur?.....Y N |
| 2. Have a chronic or recurring illness/condition?.....Y N | 16. Ever had back problems?.....Y N |
| 3. Ever been hospitalized?.....Y N | 17. Ever had problems with joints (knees, ankles)?.....Y N |
| 4. Ever had surgery?.....Y N | 18. Have an orthodontic appliance?.....Y N |
| 5. Have frequent headaches?.....Y N | 19. Have any skin problems (rash, acne)?.....Y N |
| 6. Ever had a head injury?.....Y N | 20. Have diabetes?.....Y N |
| 7. Ever been knocked unconscious?.....Y N | 21. Have asthma?.....Y N |
| 8. Wear corrective eye wear?.....Y N | 22. Had mononucleosis in the last 12 months?.....Y N |
| 9. Ever had frequent ear infections?.....Y N | 23. Had problems with diarrhea/constipation?.....Y N |
| 10. Ever passed out during or after exercise?.....Y N | 24. Have problems with sleepwalking?.....Y N |
| 11. Ever been dizzy during or after exercise?.....Y N | 25. Have an abnormal menstrual cycle?.....Y N |
| 12. Ever had seizures?.....Y N | 26. Have a history of bedwetting?.....Y N |
| 13. Ever had chest pain during or after exercise?.....Y N | 27. Ever had an eating disorder?.....Y N |
| 14. Ever had high blood pressure?.....Y N | 28. Ever had emotional or behavioral issues for
which professional help was sought?.....Y N |

Please explain any "yes" answers, noting each question's number:

ILLNESS HISTORY

This participant has had
(please circle any that apply):

- MEASLES
- CHICKEN POX
- GERMAN MEASLES
- MUMPS
- HEPATITIS A
- HEPATITIS B
- HEPATITIS C

Date of last TB Mantoux Test:

Result of Test: Positive
 Negative

IMMUNIZATION HISTORY

Please list all immunization dates for the following. Or, you may attach a copy of the current immunization record

VACCINE	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP					
TD (tetanus/diphtheria)					
Tetanus					
Polio					
MMR					
or Measles					
or Mumps					
or Rubella					
Haemophilus influenza B					
Hepatitis B					
Varicella (chicken pox)					

Please use the space below to provide any additional information about the participant's health about which the camp should be aware:

Name of family physician _____	Phone _____
Name of family dentist _____	Phone _____
Name of family orthodontist _____	Phone _____

Name _____ Cabin _____

INFORMATION FOR PAYMENT OF MEDICAL SERVICES OUTSIDE OF CAMP

*In the event that treatment by a Physician in Prescott is necessary, we **MUST have this information on file**. The information will be kept in strict confidence and will only be used for medical purposes. Unless impossible, we will inform you prior to using the card.*

Health insurance information (remember: participation at Camp Charles Pearlstein requires coverage by a health insurance policy)

Insurance plan name _____

Policy # _____ Group # _____

Policy Holder's Name _____ Policy Holder's Date of Birth _____

► **Please attach a photocopy of the participant's health insurance card (front and back) to this form**

Credit card information

Card type _____

Credit Card Number _____ Expiration Date _____

Name as it appears on card: _____

Signature _____ Print Name _____

Name _____ Cabin _____

Health Exam (to be completed by licensed medical personnel ANNUALLY)

- ▶ I examined this individual on (date) _____.
- ▶ BP _____ Weight _____ Height _____
- ▶ In my opinion, the above named individual _____ is _____ is not able to participate in an active camp program.
- ▶ The individual is under the care of a physician for the following conditions:

RECOMMENDATIONS AND RESTRICTIONS (please describe the following)

Treatment to be continued at camp:

Medications to be administered at camp (name, dosage, frequency):

Medically-prescribed dietary restrictions to be followed at camp:

Any limitations and/or restrictions on activities to be enforced at camp:

Any known allergies:

Any additional information you feel will be useful to camp medical personnel:

SIGNATURE OF LICENSED MEDICAL PERSONNEL _____	
Printed _____	Title _____
Address _____	
Phone _____	Date _____

For camp use only

SCREENING RECORD

Date Screened _____ Time _____ am/pm

Meds Received _____

Updates/additions to health history noted (circle one) Yes No None required

Observational notes _____

Screened by _____

Camp Charles Pearlstein

Parent Data Form

(To be filled out by PARENT)

Attach Recent
Photo Here
(if not sent with
registration form)

The information that you share with us is used to ensure your child's success at camp. Therefore, it is important that you answer each question openly, honestly, and thoughtfully. The information is kept in strict confidence.

Camper's Name _____

Mother's Name _____ Father's Name _____

Mother's Occupation _____ Father's Occupation _____

Is either parent a CCP Alum? N Y Which one? _____

Synagogue affiliation (please indicate if unaffiliated) _____

Marital status of parents (Please circle one) Married Single Divorced/Separated Widow/Widower

Has marital status changed in the last twelve months? Yes/No (circle one)

For Mini-session Aleph and Mini-session Bet Campers ONLY...

May we approach your child about extending his/her stay at camp beyond the two weeks? Y N

Please elaborate: _____

Are there special circumstances or family issues which may affect your child this summer?

How would you describe your child's personality to someone who has never met him or her? _____

How do you think your child will react to separation from his/her family? _____

Is your child looking forward to camp? Yes/No (circle one)

What do you think your child will enjoy most about camp? _____

Is there anything about camp that you think may present a challenge for your child? _____

Does your child have any medical conditions? Yes/No (circle one) Please describe: _____

Does your child require a special diet? Yes/No (circle one) Please describe: _____

Does your child have any physical limitations? Yes/No (circle one) Please describe: _____

Does your child wet the bed at night? Yes/No (circle one) Frequency _____

How do you handle it at home? _____

Does your child have any fears? Yes/No (circle one) Please describe: _____

Has your child received any professional intervention for emotional or behavioral issues (psychiatrist, social worker, psychologist, etc.)? Yes/No (circle one) Please explain: _____

How does your child usually get along with adults? _____

With peers, your child is... (A) Very outgoing (B) Somewhat outgoing (C) Somewhat shy
(D) Very shy

Does your child have any behavioral problems in school? Yes/No (circle one) Please describe: _____

What behavior modification (discipline) techniques work most effectively for your child?

Please describe your child's Jewish education/experience: _____

In the discussion of Jewish topics, participation in services, and participation in Judaic-themed programming, your child will be...

- (A) Excited to participate (B) Willing to participate (C) Reluctant to participate

What suggestions do you have for us to make you child's CCP experience as wonderful as possible?

Where will you be while your child is at camp? (Changes of plans can be sent to the camp office at any time)

_____ I/We will be home

_____ I/We will be away from _____ to _____

in _____

During this time, I/We can be reached at _____ (phone numbers)

and _____ (e-mail address)

_____ I/We will also be away from _____ to _____

in _____

During this time, I/We can be reached at _____ (phone numbers)

and _____ (e-mail address)

Transportation Information

Please make a copy of these pages for your records.

To Camp on the first day of your child's session

_____ **PHOENIX BUS.** Please arrive at Congregation Beth Israel **no later than 8:30 am** on the starting day of your session.

_____ **TUCSON BUS.** Please arrive at the Tucson JCC (rear parking lot) **no later than 6:15 am** on the starting day of your child's session.

_____ **PHOENIX SKY HARBOR:** Please clear arrival times with the camp office prior to ticket purchase. Plan for your child to arrive at Sky Harbor Airport **no later than 8:00 am** on the first day of the session.

_____ **DROP-OFF.** For campers *outside the Phoenix/Tucson area* **and/or** those with *special circumstances only*. All others must take the bus. Drop-off time is between **11:00 and 11:30am**. Please describe your circumstances: _____

From Camp on the last day of your child's session

_____ **PHOENIX BUS.** CCP bus arrival at Congregation Beth Israel is **scheduled for 4:30 pm** on the last day of the session

_____ **TUCSON BUS.** CCP Bus arrival at the Tucson JCC is **scheduled for 7:00 pm** on the last day of the session.

_____ **PHOENIX SKY HARBOR AIRPORT.** Please clear time with the camp office prior to ticket purchase. Plan for your child to depart from Sky Harbor Airport **no earlier than 6:00 pm** on the last day of the session.

_____ **PICK-UP.** For campers *outside the Phoenix/Tucson area* **and/or** those with *special circumstances only*. All others must take the bus. Pick-up time is between 2:30 and 3:00pm Please describe your circumstances: _____

Intersession plans (For Entire Season/LTP Entire Season Campers **only**)

On the last day of Session 1 (July 6th), my child will:

_____ Take the **PHOENIX BUS** (circle one) **HOME** or **WITH A FRIEND'S FAMILY** _____
(first and last name)

_____ Take the **TUCSON BUS** (circle one) **HOME** or **WITH A FRIEND'S FAMILY** _____
(first and last name)

_____ Be **PICKED UP*** at camp by (circle one) **ME** or **A FRIEND'S PARENT** _____
*Pick-up time is between 2:30 and 3:00pm at camp (first and last name)

_____ **OTHER** (Please specify) _____

Transportation Information, continued

On the first day of session 2 (July 9th), my child will:

_____ Take the **PHOENIX BUS**

_____ Take the **TUCSON BUS**

_____ Be **DROPPED OFF*** at camp by (circle one) **ME** or **A FRIEND'S PARENT** _____
*Drop-off time is between 11:00 and 11:30am at camp (first and last name)

_____ **OTHER** (Please specify) _____

Camp Charles Pearlstein

“Getting To Know You” Form

(To be filled out by CAMPER)

Please enable your child to answer these questions without prompting. It allows our staff to get a sense of what to expect from each camper before the session begins, allowing us to provide the best service possible.

Name: _____ Nickname: _____

Age at camp: _____ Grade next fall: _____ School: _____ Birthday: _____

E-mail address: _____

I would like to bunk with: _____

(We will do our best to accommodate all of your requests, but we cannot promise)

Have you ever been to Camp Charles Pearlstein before? Yes/No (circle one)

Which years? (circle the years) 2009 2008 2007 2006 2005 2004

Have you ever been to any other sleep-away camp before? Yes/No (circle one)

Name of Camp _____ Number of Years _____

What do you like the most about camp? If you've never been to camp before, what do you think you will like the most? _____

What are your three favorite camp activities? If you've never been to camp before, what do you imagine will be your favorite activities?

1. _____ 2. _____ 3. _____

Are you excited about going to camp this year? Yes/No (circle one)

Why? _____

Is there anything about going to camp that makes you nervous? _____

What do you do in your spare time (hobbies, sports, youth group, activities, etc.)?

How do you feel about participating in services, Jewish discussions, and Jewish-themed programs?

(Please circle one)

(A) I love to participate (B) I will participate (C) I don't really know (D) I don't like to participate

How can we make Shiur (Jewish educational programming) the best it can be?

If you think you may have some difficulties at camp, can you describe them?

How do you feel about being away from home? (circle one)

(A) Great! I'm looking forward to it!

(B) I may be homesick at first, but I'll get used to it quickly

(C) It will be hard to get used to

What suggestions do you have for us to make this your best summer ever?
