

Doctor	Address	Phone
Dentist	Address	Phone
Hospital Plan	Group #.	
Food Allergies:		
Drug Allergies:		
Current Medications		
Activities to be limited:		

Please attach a copy of both front and back of your medical insurance card. Hospitals require this information.

<p>Insurance Card</p>

EMERGENCY INFORMATION CARD

Campers Last Name			First	M.I.	Date of Birth
Address		Number	Street	Apt #	City Zip
Parent/Guardian		Last Name		First Name	
Home Phone		Cell Phone		Pager	
()		()		()	
2nd Parent/Guardian		Last Name		First Name	
Home Phone		Cell Phone		Pager	
()		()		()	
Parent/Guardian Business Address				Phone# ()	
2nd Parent/Guardian Business Address				Phone# ()	

In case you cannot reach me during an emergency, you are authorized to contact and release my child to any of the following:

Emergency contact #1	Name	Address	Phone
Emergency contact #2	Name	Address	Phone
Emergency contact #3	Name	Address	Phone

In case of a medical emergency, I hereby give permission to the camp corporation of Habonim Dror Camp Gilboa or their representatives to authorize the administration of health care services to my child by a physician or other professional health care provider (hospital, paramedic, nurse, etc.) I also give my permission to the physician selected by the camp corporation to hospitalize, secure proper treatment for, and to order medical care & services as they see fit. Every effort will be made to contact parents in the event of a medical emergency immediately.

Signature Parent/Guardian

Signature 2nd Parent/Guardian