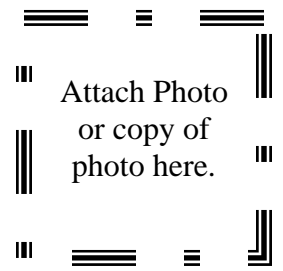


The Ramah Day Camp - Camper Profile

We think of our relationship with parents as a partnership. Please carefully fill out this form so together, we can make certain your camper has a wonderful summer.



Camper Name _____ Session _____ Grade in 9/2008 _____

Siblings (names, genders, date of birth, grades as of 9/08)

1. _____

2. _____

3. _____

1. How does your child feel about coming to camp?

2. What would you like your child to gain from the camp experience?

3. What are your child's special interests at school and outside of school?

4. Does your child receive special services during the school year? If yes, what type of service?

5. Does your child have any illness or chronic condition of which we should be aware? _____

If so, please describe. _____

A. Does your child currently take medication for this condition? _____

B. Will your child be taking medication during the camp season for this condition? _____

If yes, please make certain the medication is **listed on the Medical Forms**.

If medication is to be administered at camp, you must fill out the **Medication form**.

C. Is there any recent change, within the last 3 months, in your child's medication?

Please complete and return this form by April 1, 2008 to:
The Ramah Day Camp, 65 E. Wacker Pl., Suite 1200
Chicago, IL 60601

OVER

6. Are there any parts of the day that you anticipate being a challenge for your child? _____

If yes, please describe. _____

Please share with us the strategies that you've used in the past, which will be helpful for us to apply in order to insure a successful camp experience.

7. How would you describe your child? Circle all the appropriate choices.

- | | | | |
|--------------------|------------|--------------|----------|
| friendly | outgoing | competitive | cheerful |
| good sportsmanship | inclusive | enthusiastic | wanders |
| cautious | moody | shy | creative |
| unpredictable | defiant | tearful | flexible |
| helpful | playful | funny | bossy |
| angry | aggressive | anxious | polite |
| optimistic | homesick | a leader | silly |
| cooperative | likeable | day dreams | a mench |
| slow to transition | easygoing | disorganized | fearful |

Other: _____

8. Has your child attended any camp before? _____

If yes, what experiences did s/he like most? _____

What experiences did s/he like least? _____

9. Is there any additional information that would be helpful to us in working with your child?

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Chicago, IL 60601

Return this form no later than **April 1, 2008** to:
The Ramah Day Camp
65 E. Wacker Pl., #1200
Chicago, IL 60601

THE RAMAH DAY CAMP MEDICAL CERTIFICATE 2008 SEASON

PART I. THIS PART TO BE COMPLETED BY PARENT OF CAMPER:
Please note: Your child's most recent physical exam must have occurred after June 1, 2007

Camper Last Name _____ First Name _____ Birth Date _____ SS# _____
Circle: Male / Female

Address _____ City _____ State _____ Zip _____
Lives with Both Lives with Father Lives with Mother
Name of Father _____ Name of Mother _____
Home Phone: () _____ Home Phone: () _____
Work Phone: () _____ Work Phone: () _____
Cellular/Beeper Number: () _____ Cellular/Beeper Number: () _____

Give name, relationship, and phone number of two other adults in the event the above cannot be reached in the case of a medical emergency:

Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone/Beeper _____

Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone/Beeper _____

HEALTH HISTORY:(Check any of the following illnesses which camper has had and give dates)

- Chicken Pox (date) _____ Frequent Ear Infections (date) _____
- Diabetes (date) _____ Asthma (date) _____
- Mononucleosis (date) _____ Use of Inhaler (date) _____
- Hypertension (date) _____ Recurring Illnesses/other (date) _____
- Convulsive Disorder or Seizures (date) _____

Are there any other significant health problems of which we should be aware?

Serious injuries, procedures, or major illnesses in the past 12 months?

Will camper bring glasses/contact lenses to camp? YES NO (If YES, circle one or both)

Will camper bring medication to camp? YES NO

Specify medication(s) and indicate condition for which they are necessary: _____

Has there been psychiatric or psychological care in the past 2 years? If so, please explain: _____

Are there any restrictions to camp activities? If yes, please explain:

<u>ALLERGIES</u>	YES	NO	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____
Food	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____
Other	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____

DRUG REACTIONS OR DRUG ALLERGIES:

	YES	NO	
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	
Sulfa	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____

CHECK AND STATE YEAR OF MOST RECENT IMMUNIZATIONS:

	YES	NO	DATE	
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Diphtheria/Tetanus/Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Td Booster or Tdap	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Polio (OPV/IPV) *	<input type="checkbox"/>	<input type="checkbox"/>	_____	* This immunization is mandatory for everyone.
Measles/Mumps/Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Tuberculosis (TB) Test	<input type="checkbox"/>	<input type="checkbox"/>	_____	Result: _____

IF "NO" IS CHECKED FOR ANY OF THE ABOVE, PLEASE EXPLAIN

I certify that all information in this medical form is true and accurate and there has been no willful omission of data.

I also give my permission to the physician(s) selected by the Camp Director to provide routine health care, advise and treat my child for any illness or medical condition, to administer prescribed medications while he/she is at camp, and I give permission to the camp to receive copies of all bills and treatments given.

In case of a medical emergency while my child is participating in the camp program, I hereby give permission to the physician(s) selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, for my child as named in the medical certificate. (Please note that in such emergency cases it is camp policy to make every effort to reach the parent in advance.)

Date: _____ Signature of Parent or Guardian: _____

PART II. (HOME PHYSICIAN TO COMPLETE THIS SECTION IN DETAIL)

CAMP EXAMINATION FORM

_____ was examined on (date) ____/____/____ and found to be in satisfactory health and apparently free from communicable disease. There are no apparent contra-indications to participating in routine camp activities.

Height: _____ Weight: _____

Any restrictions to a complete Ramah Day Camp schedule? **YES**___ **NO**___

If yes, please explain _____

Comments, special problems, allergies, restrictions, etc: _____

Recent surgical procedures of which the Ramah Day Camp staff should be aware:

Medications: **(Please specify dose & frequency)**

Medications to be given at camp: **(Please specify dose & frequency)**

Home Physician's Name: **(please print)**: _____

Home Physician's Signature: _____ Phone #: () _____

Address: _____ Fax #: () _____

City: _____ State _____ Zip Code _____

The Ramah Day Camp Friendship Request Form

Camper's Name _____

Session: _____ Gender: _____ Grade as of 9/08: _____

Would your child like to be assigned to a group with a specific friend?
We will do our best to honor at least one request.

Please do not list more than three names.
Please list in order of preference.
Priority will be given to mutual requests.

1. _____

Name	Grade	Session
------	-------	---------

2. _____

Name	Grade	Session
------	-------	---------

3. _____

Name	Grade	Session
------	-------	---------

Do you have any additional information that would help us create our camper groups? If so, please explain in the space below:

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Chicago, IL 60601**