

## 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.



Attach Photo  
or copy of  
photo here.

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# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Circle: Male / Female

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:

**ALLERGIES** YES NO  
Asthma   Specify \_\_\_\_\_  
Hay Fever   Specify \_\_\_\_\_  
Skin   Specify \_\_\_\_\_  
Food   Specify \_\_\_\_\_  
Insect Stings   Specify \_\_\_\_\_  
Other   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 Transportation Information

## Door to Door Pick-Up:

(See reverse side for central pick-up stop locations. These locations include: Chicago, Oak Park/River Forest, Skokie/Lincolnwood.)

Camper Name(s): \_\_\_\_\_  
Last name First name(s)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Our street runs (circle one): East/West North/South

Our street is a (circle one): through street/one way/cul de sac/dead end

Our house is located on the \_\_\_\_\_ side of the street (circle one):  
North South East West

Our house is located between (indicate closest cross streets):

\_\_\_\_\_ and \_\_\_\_\_

Please provide any additional information that will assist us in creating a safe bus route for your camper(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please sign below ONLY if you wish your child to be dropped off with no adult present.**

I authorize Ramah Day Camp to drop \_\_\_\_\_  
Camper name(s)

at home with no adult supervision. The bus will not leave until the camper(s) has entered my home.

Signature: \_\_\_\_\_

Special instructions: (Example: Will enter through the garage)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Chicago, IL 60601

**The Ramah Day Camp  
Transportation Information**

**Central Pick-Up Stop Locations:**

If you live in one of the below areas, there is no need to fill out this form. Your pick-up location is listed below. Pick-up times will be provided in early June.

**Oak Park/River Forest Campers are picked-up at:**

West Suburban Temple Har Zion  
Parking Lot  
1040 N. Harlem Ave.  
River Forest, IL 60305

**Skokie/Lincolnwood Campers are picked up at:**

Solomon Schechter Day School  
Parking Lot  
9301 Gross Point Road  
Skokie, IL 60076

**Chicago Campers are picked up at:**

Waveland/Addison Lakefront Parking Lot  
Near Waveland Park Totem Pole  
Recreation Drive  
Chicago, IL

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