

# Application and medical form Summer 5769

## SECTION 1: APPLICANT DETAILS

Please circle which camp your child is attending:

Aleph      Aleph Chalutzi      Bet Base      Bet Chalutzi      Gimmel      Yachad

Gender:  Male     Female

First name \_\_\_\_\_ Surname \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Parents' telephone (home) \_\_\_\_\_ (daytime) \_\_\_\_\_

Parents' mobile \_\_\_\_\_ Parents' e-mail \_\_\_\_\_

School \_\_\_\_\_ School year \_\_\_\_\_

Synagogue \_\_\_\_\_ Sviva \_\_\_\_\_ Shevet \_\_\_\_\_

Guardian's name (and address if different from above) \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (daytime) \_\_\_\_\_ (mobile) \_\_\_\_\_

I will be in the UK during the time my child is at Machane  Yes  No

My child would like to share a dormitory with: (no more than two names)

Any dietary restrictions e.g. vegetarian/vegan or food allergies \_\_\_\_\_

## SECTION 2: CHANICHIM'S BEHAVIOUR AGREEMENT

I have read and understood the application declaration, and my child and I have read and understood the rules and guidelines and appreciate that s/he must act in accordance with them whilst under the auspices of Bnei Akiva Camp.

Signature of participant X \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature of parent/guardian X \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

(Any false information will render the application invalid.)

Please detach this form, and send it with your payment to:  
**Bnei Akiva Camps**  
**2 Hallswelle Road**  
**London NW11 0DJ**  
before 4h June 2009

## SECTION 3: PAYMENT (Please Tick)

- I enclose my Bnei Akiva membership of £48 (or £88 for family rate)
- OR my Mas Chaver number for the year 5769 is \_\_\_\_\_
- I enclose the full amount of £640 (£750 for Bet Chalutzi).
- I wish to join the group insurance and enclose £13.00 (£20 for Bet Chalutzi)
- OR I have my own insurance policy
- I would like to make a donation to the Kaytana fund \_\_\_\_\_

Total amount enclosed \_\_\_\_\_ (cheques payable to Bnei Akiva)

**SECTION 4: MEDICAL DETAILS**

**1. Has your child had or been vaccinated against the following:**

Mumps . . . . .	Yes/No	Chicken pox . . . . .	Yes/No
Measles . . . . .	Yes/No	Whooping cough . . . . .	Yes/No
German measles . . . . .	Yes/No		

**2. Does your child suffer from any of the following?**

Asthma . . . . .	Yes/No	Allergies to: (please specify below)	
Hyperventilation . . . . .	Yes/No	Penicillin . . . . .	Yes/No
Skin disorder . . . . .	Yes/No	Other drugs . . . . .	Yes/No
Epilepsy . . . . .	Yes/No	Insect bites . . . . .	Yes/No
Food allergies . . . . .	Yes/No		
Hay fever . . . . .	Yes/No		
Diabetes . . . . .	Yes/No		

**3. Has your child suffered from any infectious diseases during the last two years e.g. glandular fever? Yes/No**

**4. Has your child had any operations or serious injuries? Yes/No**

**5. Does your child suffer from any recurring illnesses or any other significant ill health? Yes/No**

If the answer is **yes** to any of questions 3 – 5, please give full details below, or, if necessary, on a separate sheet, and attach to back of form. Withholding information may endanger the health or well being of your child.

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**6. An anti-tetanus injection, primary or booster, in the last 10 years is a prerequisite for acceptance to camp.**

Approximate date of last injection: \_\_\_\_\_

**7. Please give details of any medication, including alternative remedies, that your child will be bringing to camp. (Please label all medication clearly with name and dosage required.)**

_____	Dosage _____
_____	Dosage _____
_____	Dosage _____
_____	Dosage _____

## SECTION 5: EMERGENCY CONTACT DETAILS

**In case of an emergency, and in the event that you cannot be contacted, kindly give an alternative person. This person must be prepared and able to collect your child from camp should they need to return early**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (daytime) \_\_\_\_\_

(mobile) \_\_\_\_\_

### **Please give your doctor's details.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

## SECTION 6: OTHER INFORMATION

**1. Are there any other comments on family health or background, which have occurred in the last five years, e.g. divorce, recent bereavement, emotional stress etc.? Yes/No**

**2. Has your child ever suffered from any other condition which we should be aware of in order that if necessary your child receives extra sensitive care and attention, e.g. dyslexia, A.D.D., hyperactivity eating disorders etc.? Yes/No**

If the answer is **Yes** to either of the above, kindly give details. Remember that any problems, which might occur at camp, can only be dealt with in a correct and sensitive manner if we are fully informed of the situation. In order to keep this information confidential kindly attach a separate letter in a sealed envelope. This will then be kept separate from the medical form file and seen only by Rosemary and the Rosh of the camp.

### **Bedwetting**

Please inform Rosemary if your child is prone to bed-wetting, so the problem can be discussed and the best arrangements made for your child.

### **Asthma sufferers**

If your child uses an asthma inhaler, please make sure that two spare inhalers are brought (a total of three). One will be handed in to the First Aider, one will be left in your child's bag and one to be carried by them at all times (if necessary). Please attach a letter with full details of your child's condition to this form so we are fully informed of the situation.

## SECTION 7: TERMS AND CONDITIONS (REQUIRING PARENT'S SIGNATURE)

I hereby declare that to the best of my knowledge, this medical form is accurate and complete in all its details.

I understand that Bnei Akiva will not be responsible for any medical condition either physical or emotional, resulting from my failure to disclose relevant information prior to my child arriving at camp.

I understand that pre-existing conditions that have not been declared may result in my child to be returned home immediately **at my expense and no refund given.**

I understand the Insurance Group Policy will become void if medical information has not been declared except if a sudden worsening of a disclosed illness occurs, for details refer to the insurance letter sent out with the policy.

I have noted that it is Bnei Akiva's practice to provide over the counter medication at camp and I have declared any allergies that my child may have to such medication on this form. If for any reason it is deemed necessary, I accept that my child will be taken to visit the local doctor and/or hospital.

If my child becomes ill before camp, Bnei Akiva will require a Doctor's letter stating that my child is fit and well enough to attend.

**All medication must be handed in at the beginning of camp for safety reasons. I will inform my child of this before s/he leaves for camp. Additionally, I will not send my child to camp with any extra medication that has not been declared (in section 4) as this comprises a danger to both my child and other children.**

### Data Protection Act 1998

The information you provide on this form will be used by Bnei akiva for the administration of its weekly programmes, summer and winter camps and Israel schemes. By signing this form you acknowledge that this information may include sensitive personal data and you agree to the processing of this information by Bnei Akiva for administrative purposes.

**I agree my child will only bring to camp the medication declared in section 4**

**I have read the above and agree that if it is felt necessary Bnei Akiva can administer my child over the counter medication.**

**I have declared any drug/medical treatment which my child may be allergic to (this may include the use of plasters & bandages, Paracetamol, Ibuprofen, etc.).**

**Signature of parent/guardian X** \_\_\_\_\_

**Name (please print)** \_\_\_\_\_

**Date** \_\_\_\_\_