

CAMP CHOFETZ CHAIM - Talmudical Academy of Baltimore  
4445 Old Court Road  
Baltimore, Maryland 21208-2795

בס"ד

phone (410) 484-6600 fax (410) 484-5717 CampBusinessOffice@talmudicalacademy.org

Rabbi Hillel Hexter, *Director*  
Rabbi Menachem Zehnwirth, *Director*

### **Staff Medical Information Form**

**Please note: You must be at least 16 years of age or entering 11<sup>th</sup> grade to work in an accredited camp**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

If unmarried - Father's Name & Work # - \_\_\_\_\_

If unmarried - Mother's Name & Work # - \_\_\_\_\_

If married - Spouse's Name & Work # - \_\_\_\_\_

**In case of Emergency, contact (List someone other than parents/guardian):**

(Name, Phone # and Relationship) \_\_\_\_\_

Doctor's Name & Phone # - \_\_\_\_\_

Are you up to date on all immunizations? \_\_\_\_\_ If under 18, date of last tetanus shot? \_\_\_\_\_

If not, what are you missing? \_\_\_\_\_

List any medication that you are currently taking or will be taking during camp - \_\_\_\_\_

Please list any medical/social/psychological/special needs issues of which we should be aware - \_\_\_\_\_

### **AUTHORIZATION**

I hereby authorize Camp Chofetz Chaim to administer First Aid, doctor or hospital care, or any emergency treatment that we may deem necessary.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
PARENT'S SIGNATURE (IF UNDER 21)

### **IMPORTANT**

**Please attach a copy of your Driver's License (front and back)  
or other Gov't issued I.D.**

**Business Office - ext. 327 • C.I.T. - ext. 340 • Elementary Office - ext. 334**