

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 11th 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 tetnus 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. 7327 • C.I.T. - ext. 7340 • Elementary Office - ext. 7334