
Camp Chofetz Chaim

Staff Documentation Form for Camp Chofetz Chaim/Talmudical Academy Emergency, Action & Safety Plans

Date _____

Name _____

This is to document that I have access to the Emergency, Action & Safety Plan Training Booklet of Camp Chofetz Chaim. This booklet contains the various action and safety plans for trips, transportation, health & medical situations, child abuse and other important conditions and situations. I am comfortable in my knowledge and understanding of these plans and I have no further questions about them. If a question arises in the future I understand that I may contact any of the Camp Directors for clarification and amplification.

Name (Please Print)

Signature