

MEDICAL CERTIFICATE

GAN ISRAEL WINTER CAMP 2008-5769

CHABAD OF NEW MEXICO, 4000 SAN PEDRO NE ALBUQUERQUE, NM 87110
(505) 880-1181 FAX (505) 880-9722

Camper’s Name _____
Insurance Carrier _____ Holder’s Name _____
Group Name and Number _____
ID Number _____
Medical History
(Please check which immunizations were given where applicable)
Chicken Pox _____
Measles _____
Mumps _____
Hepatitis _____
Pneumonia _____
Is child being treated for the following?
Diabetes _____ Seizures _____
Hay Fever _____ Asthma _____
Frequent Strep _____ Frequent Ear Infections _____
Any allergies? _____
Current Medications: _____
Other Medical Information: _____

Authorization to Consent to Treatment of Minor Temporarily Separate from Parents

I, the parent(s) or guardian(s) of _____, authorize Gan Israel or Chabad of New Mexico (incl: Rabbi Chaim Schmukler or Devorah Leah Schmukler) as our agents to consent to any diagnostic procedure or medical care which is deemed advisable by any licensed physician during the period of December 26-30, 2011.

Parent’s signature _____ Date _____

Please include copy of insurance card. _____ Copy attached.