

Last Name

First Name

Birth Date

# Camp Dora Golding Medical Form — Parent's Page

**Upload:** to your camp account  
**OR**  
**Email:** forms@campdoragolding.com  
**OR**  
**Fax:** (718) 437-7644  
**OR**  
**Mail:** 5515 New Utrecht Ave.  
 Brooklyn, NY 11219



Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

**In case of emergency, if a parent is not available, contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications to be continued at Camp (name, strength & dosage):

Campers who take daily medication are required to use J Drugs, a pharmacy who supplies pre-packaged medications, for their medication. Please download the form from our website and order your medication from J Drugs directly.

Would you like us to be aware of anything to assist us in caring for your child?

Please tape a  
 copy of the **FRONT** of your  
**INSURANCE CARD** here.



Please tape a  
 copy of the **BACK** of your  
**INSURANCE CARD** here.

Please tape a  
 copy of the **FRONT** of your  
**PRESCRIPTION CARD** here.

(if different)



Please tape a  
 copy of the **BACK** of your  
**PRESCRIPTION CARD** here.

(if different)

The Camp office must be notified if your child is exposed to any communicable disease during the **three weeks prior** to Camp attendance.

## Parent's Authorization

It is our firm hope that the authorization below will never have to be used. In an emergency however, where immediate treatment is required before a parent can be contacted, this form can be extremely important. Without it, many doctors and hospitals will refuse to treat a minor as a matter of sound medical practice. Therefore, Camp requires this authorization to be signed by a parent for every camper and staff member.

In case of emergency, I hereby authorize the doctor or the hospital to which my child, may be brought, (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment, injections, and the administration of an anesthetic to my child.

Signature of Parent \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_