



Dear Parents,

Welcome to another exciting year at Herzl Camp.

At Herzl Camp, we are responsible for the safety and well being of **every** camper. To ensure that we are prepared to help all of our campers and are able to provide the highest quality program possible, we ask that you complete the form below.

You, the child's parent/guardian, know your child better than anyone else. We consider you our partner in providing an exceptional and safe experience for your son or daughter. The information you provide will be **confidential**. The Director or Senior staff will review the information and will share it only with staff who are directly involved in the care and well being of your child. As our partner, we look to you to provide accurate, honest, and complete information about your child's history.

For many Herzl campers, the challenges addressed on this form may not be part of their lives, but for those who deal with medical conditions, the information provided can help everyone enjoy a positive and safe camp experience.

As always, please feel free to contact us at 952-927-4002, or email us at info@herzlcamp.org.

B'shalom,

The Herzl Camp Staff

Camper's Name _____ **Program** _____

Please answer each of these questions:

- 1. Does your child have an Individual Education Plan (IEP) or Behavior Intervention Plan (BIP) at school? Yes No
- 2. Has your child seen a mental health professional in the last 24 months? Yes No
- 3. Does your child have any medical regime or condition which might require adaptations to or preclude him/her from participation in normal camp programming? Yes No
- 4. Does your child normally take medications affecting mood or behavior (i.e., Ritalin, Prozac...)? Yes No
- 5. Does your child have any history of any of the items listed below? Yes No

(Please check those that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> <i>stealing</i> | <input type="checkbox"/> <i>suicidal behavior</i> | <input type="checkbox"/> <i>alcohol abuse</i> | <input type="checkbox"/> <i>history of abuse</i> |
| <input type="checkbox"/> <i>vandalism</i> | <input type="checkbox"/> <i>eating disorder</i> | <input type="checkbox"/> <i>substance abuse</i> | <input type="checkbox"/> <i>phobias</i> |
| <input type="checkbox"/> <i>lying</i> | <input type="checkbox"/> <i>depression</i> | <input type="checkbox"/> <i>attention deficit</i> | <input type="checkbox"/> <i>traumatic experience</i> |
| <input type="checkbox"/> <i>physical aggression</i> | <input type="checkbox"/> <i>anxiety disorder</i> | <input type="checkbox"/> <i>hyperactivity</i> | <input type="checkbox"/> <i>resulting in long-</i> |
| <input type="checkbox"/> <i>temper tantrums</i> | <input type="checkbox"/> <i>contact with the law</i> | <input type="checkbox"/> <i>inappropriate sexual</i> | <input type="checkbox"/> <i>term behavior</i> |
| <input type="checkbox"/> <i>self-mutilation</i> | <input type="checkbox"/> <i>running away</i> | <input type="checkbox"/> <i>behavior</i> | <input type="checkbox"/> <i>change</i> |

If you answered "No" to all of the items above, please skip to item 7.

If you answered "Yes" to any of the items above, please provide details below.

-over-

**PLEASE RETURN THIS FORM TO THE
HERZL CAMP OFFICE BY MAY 15, 2008.**

6. Please complete informed consents (at bottom of page) for each of the professionals with whom your child interacts. If Herzl Camp contacts a professional, it will be only for **behavioral, educational, and/or medical recommendations** related to participation in summer camp.

7. Who is most motivated to have child attend camp? ___ You ___ Camper ___ Both of us

8. Is your child aware that you are sharing this information? ___ Yes ___ No

9. If you have additional information that would best help us ensure the safety and success of your child or others, please attach your comments.

The information contained in this document is accurate, complete, and correct. I will keep Herzl Camp apprised of any significant changes in my child's behavior or condition.

Parent/Guardian Signature

Date

If you answered "Yes" to any of the questions on the front side, fill out a separate release for each of the professionals with whom your child interacts.

Herzl Camp - Release of Information Consent

Please be advised that state and federal law and regulations govern the confidentiality and access to health care records. Release of these records is prohibited without the informed written consent of the patient or his/her legal representative.

Camper name _____

Birth date _____

Information requested from:

Name _____

Profession _____

Address _____

City/State/Zip _____

Phone (____) _____

Fax (____) _____

Please release behavioral, educational, and/or medical recommendations related to participation in summer camp to:

Herzl Camp
7204 West 27th Street Suite #226
St. Louis Park, MN 55426
Phone (952)927-4002
Fax (866)235-8764

I understand that my records are protected under federal law and regulations and cannot be disclosed without my informed written consent. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that this release automatically expires as indicated below.

Signature of Parent/Guardian _____ Today's Date _____ Expiration Date _____

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