



# CAMP GAN ISRAEL OF ORLANDO - GUEST FORM

This form can be found at [www.iLoveGi.com](http://www.iLoveGi.com), under "Parents' Place"

*Please complete the entire form and PRINT neatly*

<b>Guest-Camper Information</b>				
<i>Last Name</i>	<i>First Name</i>	<i>Jewish Name</i>	<i>DOB/Age</i>	<i>Gender</i>
<i>Home Address</i>		<i>School—Aug. 2010</i>		<i>Grade entering</i>
<i>City/State/Zip</i>		<i>E-mail Address</i>		
<i>Father's Name</i>	<i>Mother's Name</i>	<i>Home Phone/Cell</i>		
<b>Dates:</b>	<i>My child will be a guest in Camp Gan Israel on the following date(s):</i>			
<b>Note:</b>	<i>Any important info camp should know: _____</i>			
<b>Emergency Contacts:</b>	1) Name _____ Phone: _____			
<b>Emergency Contacts:</b>	2) Name: _____ Phone: _____			
<b>Medical</b>	<i>Please list any allergies: _____</i>			
<b>Medical</b>	<i>Is your child taking medication, please list: _____</i>			
<b>Authorization</b>	<p>My child has permission to participate in all camp activities. Camp may provide routine healthcare, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral billing or insurance purposes. I give permission to the camp to arrange any necessary transportation for my child. In the event I cannot be reached, in an emergency, I hereby give permission to the physician selected by the camp to administer treatment, including hospitalization, for the person named above.</p>			
<b>Authorization</b>	Signature: _____		Date: _____	