

CONSENT FORM

Camper Name _____
Shichvah _____

*This form must be returned to camp along with a copy of both sides of your insurance card and the green medical form by **May 15 for first session campers and June 15 for second session campers.***

1. I hereby give permission and consent for _____
to participate in all activities and to allow photographs, videotapes or interviews to be taken during the camp session. I further give permission and consent that any such photographs, videotapes or interviews may be published and used to illustrate, promote and advertise the camp and its programs.
2. Our camp uses the professional services of Dr. Johnathan Falk when we have questions or concerns about mental health. Dr Falk typically functions as a general consultant to us, and there are times when we seek his opinion about a specific camper.
3. Camp Tavor provides the following generic medications in the mirpa'ah (health center) and will be administered as needed unless otherwise instructed by the parent/guardian: Acetaminophen, ibuprofen, decongestant, antihistamine, cough suppressant, throat lozenges, anti-nausea, anti-diarrheal, milk of magnesia, antibiotic ointment, anti-itch cream, hydrocortisone cream, ipecac, sunburn cream, topical oral pain reliever, lice treatment.

Please check one: My child has no medication allergies

My child has allergies to the following medications:

Date signed	Parent's signature
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