



BETAR – בית"ר

SENIOR SEMINAR 2021

Betar runs overnight camps lasting up to 14 days in Winter and Summer for children aged between 8 and 18. Every camp is tended to by a qualified First Aid Officer. **It is important that every Camper/Madrich attending camp has a current medical form completed.** If the camper has a medical condition and/or takes regular medication, this form should also be signed by the camper's usual doctor.

| A: Camper Details | | | |
|--|--|--|---|
| Name: | | | Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Medicare Number: | | Ambulance Subscriber: | <input type="checkbox"/> No <input type="checkbox"/> Yes: # _____ |
| Private Health Fund: | <input type="checkbox"/> No <input type="checkbox"/> Yes: | Fund: | Fund #: _____ |
| Family Doctor's Name: | | | Doctor's Number: _____ |
| B: Dietary Requirements & Allergies | | | |
| Dietary Requirements: | <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Lactose Free <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other _____ | | |
| Allergies: | | | |
| Additional Comments: | | | |
| | | | |
| C: Medication | | | |
| Does the Camper take any regular medication? | | <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate below) | |
| Medication: | Dosage: | Frequency: | |
| Medication: | Dosage: | Frequency: | |
| Is the Camper capable of self medication? | | <input type="checkbox"/> Yes <input type="checkbox"/> No (must be supervised) | |
| Can the Camper be given Paracetamol in case of pain or fever? | | <input type="checkbox"/> Yes (1 tab) <input type="checkbox"/> Yes (2 tabs) <input type="checkbox"/> No (details) | |
| | | | |
| D: Medical History (Note Details Below) | | | |
| <input type="checkbox"/> Anemia | | <input type="checkbox"/> Hernia | |
| <input type="checkbox"/> Anaphylaxis (attach plan) | | <input type="checkbox"/> Allergies | |
| <input type="checkbox"/> Asthma (attach plan) | | <input type="checkbox"/> Kidney Disease | |
| <input type="checkbox"/> Diabetes | | <input type="checkbox"/> Liver Disease | |
| <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Mental Illness | |
| <input type="checkbox"/> Gastric Disease | | <input type="checkbox"/> Operations | |
| <input type="checkbox"/> Heart Condition | | <input type="checkbox"/> Sleeping Disorder | |
| <input type="checkbox"/> Eating Disorder | | <input type="checkbox"/> Other | |
| Is the Camper Fully Immunized according to the NHMRC schedule? | | | |
| | | | |
| Does your child have any dietary habits that could possibly prevent them from consuming particular foods/meals (e.g. eats small portions or hates broccoli), If so please specify. <i>We cannot guarantee that these preferences will be fulfilled, however we will take them into consideration.</i> | | | |
| | | | |
| | | | |
| Date of Last Tetanus Injection: | <input type="text"/> / <input type="text"/> / <input type="text"/> | Does the Camper have an Aide at school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

E: Medical History – Mental Health & Disabilities

Please note: It is imperative that you disclose any and all information about your child's mental health to us as this will greatly improve the wellbeing of your child on camp and our ability to cater to them. If this information is not disclosed, it may inhibit our ability to care for them correctly. This information will be kept completely confidential within the appropriate carers.

Does your child have any of the following?

| | | | | | |
|--------------------------|----------------------------------|--|--------------------------|---------------------|--|
| <input type="checkbox"/> | Depression | | <input type="checkbox"/> | Bipolar | |
| <input type="checkbox"/> | Anxiety & Panic Disorders | | <input type="checkbox"/> | Anorexia | |
| <input type="checkbox"/> | Obsessive Compulsive Disorder | | <input type="checkbox"/> | Bulimia | |
| <input type="checkbox"/> | ADD | | <input type="checkbox"/> | Binge Eating | |
| <input type="checkbox"/> | ADHD | | <input type="checkbox"/> | Asperger's Syndrome | |
| <input type="checkbox"/> | Autism Spectrum (please specify) | | <input type="checkbox"/> | Notable phobias | |
| <input type="checkbox"/> | Pervasive Developmental Disorder | | <input type="checkbox"/> | Other | |

Please provide specific details* (and an action plan where necessary)

Does your child have any behavioural issues including but not limited to: Oppositional Defiance Disorder, difficulty with authority, aggressive tendencies, overstimulation or other: Yes No

Please provide specific details* (and an action plan where necessary)

Does your child have any other physical or mental disabilities that we should be aware of: Yes No

Please provide specific details* (and an action plan where necessary)

If you would like to be contacted before camp to provide further explanations and actions plans for your child please tick this box.

| | | | |
|----------------------------|--|----------------------------|----------------|
| Doctors Comments (If Any): | | | |
| | | Doctors Signature: | Date: __/__/__ |
| Additional Comments: | | | |
| | | Parent/Guardian Signature: | Date: __/__/__ |

For all enquiries, questions or concerns with this form, please call Hannah Rosenberg (0451 197 533) or Hili Shiponi (0466 266 148). During camp this number is to be used only in emergencies.