

THE SUNSHINE SCHOOL AT TEMPLE KOL EMETH / CAMP BILLI MARCUS

Please complete one per child. Registration forms are also available online at www.atlantajcc.org

Child's Full Name	Date of Birth
Address	Phone Number

MEDICAL / IMMUNIZATION INFORMATION Please, note that Georgia Health Form #3231 is required for all children. Families new to Georgia may provide an official document equivalent to the GA 3231 immunization record. All records must be in English.

Height	Weight	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Chronic Medical Conditions <input type="checkbox"/> Y <input type="checkbox"/> N <small>If Yes, provide details.</small>	Dietary needs or restrictions <input type="checkbox"/> Y <input type="checkbox"/> N <small>If Yes, provide details.</small>	
Medicine or Food Allergies <input type="checkbox"/> Y <input type="checkbox"/> N <small>If so, a completed Allergy Form is required along with this form.</small>	Any regular or PRN medicines <input type="checkbox"/> Y <input type="checkbox"/> N <small>If so, which ones?</small>	

Does Child have any history of:

Vision Impairment or eye infection	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what? _____
Hearing Impairment or ear infection	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what? _____
Tubes in ears?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Speech problems	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what? _____
Rashes	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what? _____

Are any restrictions on normal physical activities indicated? Y N
If Yes, provide details:

Physician's Name (please print)

Physician's Signature _____	Date
Physician's Address	Phone

In the event of an emergency, I hereby give permission to the physician selected by the director or other MJCCA official to order x-rays, routine tests, and treatment for the health of my child. In the event that I cannot be reached in an emergency situation, I hereby give permission for a physician selected by the preschool director or other MJCCA official to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery for my child.

I authorize any physician, nurse or other health care provider to communicate with the staff and director of MJCCA Preschools, or his/her designee, about my child's medical condition, treatment and/or prognosis. I further authorize the director to discuss any medical conditions with his/her designee, or the child's teacher when the director, in his / her sole discretion, believes such communication to be in the best interest of the child.

I, the parent/legal guardian, assume all risks and hazards incidental to the conduct of activities and transportation to/from the activities. I understand that aspects of the MJCCA preschools & Camps may be physically and emotionally demanding. Both my child(ren) and I agree to follow any and all rules, guidelines, and safety instructions that may be provided by MJCCA staff. I recognize the inherent risk of injury or disability in activities. I understand that each participant must assume the risk of injury or disability that could result from any of these activities. I hereby release, indemnify, defend, save, and hold the MJCCA its officers, directors, trustees, employees, members, agents, and activity providers harmless, with respect to any and all claims or liability for any injury to my child(ren) from participation in any and all Camp activities and all claims by or on behalf of myself, my child(ren), or third parties for loss or damage unless the alleged loss is solely the result of the MJCCA's gross negligence or misconduct.

I give permission for this information on _____ to be shared with my child's school.
(Child's name)

	Parent/Legal Guardian Signature	Date
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Parent Name (please print)