



Medical Form to be filled in by Family Doctor

Camper's name _____

I hereby declare that the above-mentioned child is healthy and that he/she can take part in physical activities such as swimming, jogging etc. or any other kind of activities that are part of the camp's schedule. (If the child has any kind of limitation, a letter signed by a family doctor must be attached).

Name of Doctor: _____

Telephone number: _____ Date: _____

Signature and stamp of Doctor: _____

To be filled out by the camper's parent:

The applicant is insured in the following Israeli medical kuppah plan*

Klalit/Maccabi/Leumit/ Meuchedet (select the correct kuppah)

Policy # _____

*Overseas participants must purchase medical insurance from one of the medical kuppot in Israel that will cover the camper in Israel for the entire period of the camp and must provide us with full details of the medical insurance.

Israeli campers must bring their magnetic kuppah cards with them to camp.

Please note that misinformation and/or failure to disclose information could be harmful to your child as the staff needs to receive full medical information regarding your child in order to determine eligibility for the camp and to ensure that we are able to accept full responsibility for your child. IN THE EVENT OF MISINFORMATION AND/OR FAILURE TO DISCLOSE INFORMATION, OU ISRAEL AND CAMP STAFF RESERVE THE RIGHT TO IMMEDIATELY END THE CHILD'S CAMP PARTICIPATION. IN SUCH A CASE, THE PARENTS WILL BE INFORMED AND WILL BE RESPONSIBLE FOR IMMEDIATE PICK-UP OF THEIR CHILD AT THEIR OWN EXPENSE. THERE WILL BE NO REFUND UNDER SUCH CIRCUMSTANCES.

Registration is not complete without submission of all signed forms and kuppah information

Parent's name: _____

Parent's Signature: _____ Date: _____

Please scan the signed document and upload to your camper's application or send via e-mail to campdror@ouisrael.org