
MONTH/DAY

YEAR



Attach
Current
Photograph Here

Gesher Parent Allergy Questionnaire
(ONLY For Campers With Allergies)

Parent/Guardian Names: _____

Child's Name: _____

Male/Female DOB: _____ Age (as of start of camp): _____

Allergy: _____

Epipen? Yes No Asthma? Yes No Inhaler? Yes No

Is your child reactive to the allergen upon ingestion/contact/inhalation? (Please circle all that apply)

Camper to carry medications? Yes No If yes, which medications? _____

Immunizations up to date? Yes No If not, please send in a note from your physician with the reason.

Allergen free snacks/ice cream/ice pops/lunch to be brought to camp? Yes No (If yes, please circle all that apply). *Any food being brought into camp must be approved by the camp beforehand.*

Is your child allergic to sunscreen? Yes No

Can your child have a regular bagel/challah (made in facility with seeds)? Yes No

If your child is allergic to eggs, may s/he eat egg products (eg: cakes, breads made with eggs)? Yes No

If your child is allergic to tree nuts, may s/he eat products with coconut? Yes No

May your child participate in cooking with the allergen? Yes No

May your child participate in nature with the allergen (i.e. seeds)? Yes No

Additional comments: (Please use reverse or additional sheet if needed) _____

For office use only:

Rosh Aida _____ Senior Counselor _____ Bunk _____

Prescription meds: labeled from pharmacy not expired given to camp nurse Form on File? Y/N

Over the Counter Meds labeled with camper name/bunk? Y/N Form on file? Y/N