



Etgar BaMidbar: Parent Application

Your Name:

First Name:	Last Name:
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Student's Name:

First Name:	Last Name:
What is your relationship to the student?	

Your address and contact information:

Address:		Line 2:
City:	State:	Zip:

Email:	Phone:
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Why do you think your child would be a good fit for Etgar BaMidbar? Feel free to visit our website at <https://www.bamidbartherapy.org/adolescents/summer-programs/> as a reference.



BAMIDBAR WILDERNESS THERAPY

Please describe the personal growth goals you have for your child. What do you hope they will get out of this experience?

Is there any other pertinent information about your child that you think is important to share with BaMidbar? (Examples may include but are not limited to: gifts and special qualities, notes on peer relationships, behavioral history, typical patterns...)



Student Physical Health History

Please list any surgeries, serious illness, and/or hospitalizations (include dates).

Please list any chronic medical conditions (diabetes, high blood pressure, GI struggles, etc.)

Please list all of the applicant's medications. Include the name, the dosage (in milligrams), and when it is administered. If the applicant takes the same medication more than once per day, please list it twice and change the time accordingly.

Name of Medication	Dosage	Time

Does the applicant wear any of the following? Please check all that apply.

Glasses

Contacts

Braces

Retainer

Other: _____



BAMIDBAR WILDERNESS THERAPY

Please list all known allergies (including food, medication, environmental, etc.), how they are activated, and what happens.

Does the applicant carry an inhaler and/or an epi pen? Yes No

If yes, please list the name/type:

Has the applicant ever been hospitalized for allergies/asthma? If yes, please describe (include date and reason).

Does the applicant currently get exercise? If yes, please describe.

Describe any pertinent medical/physical information that might inhibit physical activity.

Any dietary restrictions? Please describe.

Anything else you'd like us to know regarding the applicant's physical health history?

****Please send completed forms to Emily Heeren at emilyh@bamidbartherapy.org.***