

# Staff Health & Medical Form Revised 3.30.14

*Both sides must be completed by staff member for participation at camp.*

*Give this form to the Health Officer prior to camp. Please PRINT CLEARLY using a pen.*

**Camp Brethren Heights, 9478 Brethren Heights Rd., Rodney, MI 49342.**



## Staff Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Name you prefer: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Insurance Information: *Are you covered by health insurance? Y / N*

Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

## Emergency Contacts

Emergency contact name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Who to call if emergency contact is not available: \_\_\_\_\_ Relation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## Health History

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*If you answer yes below, please explain on a separate sheet or in comment section below.*

### Have/do you:

- |   |       |  |       |
|---|-------|--|-------|
| 1. Had any recent injury, illness or disease?     | Y / N | 9. Had mononucleosis in the past 12 months?          | Y / N |
| 2. Have a chronic or recurring illness/condition? | Y / N | 10. Ever had frequent ear infections?                | Y / N |
| 3. Ever been hospitalized?                        | Y / N | 11. Have a bleeding or clotting disorder?            | Y / N |
| 4. Have frequent headaches?                       | Y / N | 12. Ever been diagnosed with a heart defect/disease? | Y / N |
| 5. Ever had a seizure?                            | Y / N | 13. Wear glasses, contacts or protective eyewear?    | Y / N |
| 6. Have diabetes?                                 | Y / N | 14. Brought an orthodontic appliance to camp?        | Y / N |
| 7. Have asthma?                                   | Y / N | 15. Have problems with sleepwalking?                 | Y / N |
| 8. Ever had high blood pressure?                  | Y / N | 16. Ever been treated for emotional difficulties?    | Y / N |

## Allergies

Please list any allergies you may have (*medications, insect stings, food or other*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Restrictions

The following restrictions apply to me; (attach additional paper if needed):

Dietary: \_\_\_\_\_

Explain any restrictions to activity (what **cannot** be done; what **adaptations or limitations** are necessary):

\_\_\_\_\_  
\_\_\_\_\_

## Medications

I will **not** be bringing any medication (prescription or non-prescription) to camp.

I will be bringing the following medication (prescription or non-prescription) **in its original container labeled with my name.** Please list the medications below, use additional paper if needed.

Medication(s):	Dosage:	Time:	Reason for taking medication:
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_____			
_____			
_____			
_____			

Anything else you would like our staff to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## STAFF AUTHORIZATIONS:

The personal and medical information is correct and complete as far as I know. I give permission to the camp to provide routine health care, administer prescribed and OTC medications, and seek emergency medical treatment including ordering X-rays, routine tests and treatment. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me. I give permission to the physician/health officer selected by the camp to secure and administer treatment, including hospitalization if need be. This completed form may be photocopied for off-site camps.

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

*The information on this form is kept in strict confidence by Camp Brethren Heights directors & health officers.*

*Complete both sides of this form; keep a copy for your records. This form may be photocopied.*

*Printable forms and all program information are available at [www.campbrethrenheights.org](http://www.campbrethrenheights.org) or call us at (231) 867-3618.*