

Camp 180 – Summer Camp 2009 Staff Health Form

Mail Completed Form To:

For Counselors:
 Dave Hanse^{Church}
 10951 3 Mile Rd.
 Morley, MI 49336

For All Other Staff:
 Brad Harris
 3765 N. Chapin Rd.
 Merrill, MI 48637

Please Print

Staff Last Name		First Name	
Birth Date	Age	Gender	
Email			
Street Address			
City	Sate	Zip	
Home Phone ()	Cell Phone ()	Work Phone ()	
Emergency Contact Name:			
Home Phone ()	Cell Phone ()	Work Phone (indicate whose) ()	

Health Form – Note: For all Counselors medications cannot be kept in your cabin. The camp nurse will hold them for you during your time at Camp 180. Camp Nurse will always be available to get them to you when you need them.

<p>Please Check all that apply</p> <input type="checkbox"/> Overall good health <input type="checkbox"/> Chronic / Recurring illness (list) _____ <input type="checkbox"/> Convulsive disorders (list) _____ <input type="checkbox"/> Recent illness / injury (list) _____ <input type="checkbox"/> Contagious diseases (list) _____ <input type="checkbox"/> Special conditions (such as allergies, physical limitations, special behavioral considerations etc.) _____	<p>Medications</p> <p>List all medications (both prescription & non) brought by the camper. They must be in original containers and turned into the camp nurse upon arrival. (attach additional sheet if needed)</p>	Name of Medication	Dosage	Administered when	Purpose
<p>Immunization dates</p> <p>Tetanus / booster _____ Polio _____ Measles _____ Mumps _____</p>	<p>Any Additional Comments</p>				
<p>Insurance information</p> <p>Health Insurance Co. _____ (Send copy of Insurance card if possible)</p>	<p>I authorize the Camp 180 Health Officer to render necessary routine first aid and nursing care as required. In the event of an emergency, I give permission to the licensed physician chosen by Camp 180 to hospitalize, secure proper treatment, anesthesia, or surgery for the Camper named on this form.</p>				
Address	Signed _____ Date _____				
Employer	Policy or Insurance number _____				