STAFF HEALTH FORM

Developed and reviewed by: *American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses*

Mail this form to the address below by 7/1/21 (date)

Sandy Olson
District 5 Youth Director
733 250th Street
Woodville, WI 54028
solsondist5@gmail.com

Dates will attend camp: from __7/16/21__ ___to_7/31/21_
Month/Day/Year Month/Day/Year

Staff Name: _____
First Middle Last

☐ Male ☐ Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Staff Members : Please follow the instructions below. Attach additional information if needed.

1) ***Complete this form and make a copy for your record.***
2) ***Either place the original signed health form in a sealed envelope and marked with "HEALTH FORM" and mail it to the Camp Administrator at the address noted to the left or bring it with you to staff orientation on Friday, July 16, 2021. Due to changes in HIPPA laws, this health form cannot be viewed by anyone other then health staff onsite.***
3) ***If the staff member is under 18, a parent or guardian must sign this document.***

Staff Home Address : _____
Street Address City State Zip Code

Emergency contact to be notified in case of illness or injury:

Name: _____ Relationship to Staff : _____ Preferred Phones: (_____) _____(_____)_____

Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second emergency contact to be notified in case of illness or injury:

Name: _____ Relationship to Staff: _____ Preferred Phones: (_____) _____(_____)_____

Email: _____

Additional emergency contact to be notified in case of illness or injury if others can't be reached:

Name(s): _____ Relationship to Staff: _____ Preferred Phones: (_____) _____(_____)_____

Allergies: ☐ No known allergies. ☐ This staff member is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the staff is allergic to and reaction seen.)

Diet, Nutrition: ☐ This staff eats a regular diet. ☐ This staff eats a regular vegetarian diet.
☐ This staff has special food needs. ***(Please describe below.)***

Restrictions: ☐ I have reviewed the program and activities of the camp and feel the staff can participate without restrictions.
☐ I have reviewed the program and activities of the camp and feel the staff can participate with the following restrict adaptations. ***(Please describe below.)***

Medical Insurance Information:

This staff member is covered by health insurance ☐ Yes ☐ No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company_____ Policy Number_____

Subscriber_____ Insurance Company Phone Number (_____) _____

Authorization for Health Care:

This health history is correct and accurately reflects the health status of the staff to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. In an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery as needed. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my health record from from providers who treat me and these providers may talk with the program's staff about my health status.

Signature _____ Date: _____
(If you are under 18, Parent/Guardian must sign)

Relationship to Camper: _____
(Only fill out this areaif you are signing for your staff member who is under 18)

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Staff Name: First Middle Last

(For Camp Use) Norsk Name: _____

(For Camp Use) Cabin Name: _____