

STAFF HEALTH FORM

OLYMPIC BIBLE CAMP



Purpose: includes medical & contact information in case of an emergency where you're unable to direct care.

Circle appropriate answer (in bold). Please PRINT. Use back or attach additional information as needed. Put name on, sign and date any additional pages.

STAFF NAME _____ BIRTH DATE (month/day/year) _____ Age _____

Phone _____ Mailing Address _____

Health Insurance (or attach copy of card) _____ Group ID# _____

Policyholder _____ Policy # _____

Physician / Clinic _____ Phone _____

EMERGENCY CONTACTS

Name _____ Relationship _____ Contact info _____

Name _____ Relationship _____ Contact info _____

1. Allergies? **NO** **YES** - list each allergy, reaction, treatment, and any assistance that may be needed: see back/attached

2. Special diet or related needs? **NO** **YES** - explain, including any assistance that may be needed: see back/attached

3. Date of last tetanus shot _____

4. Chronic illness, condition or significant health history? **NO** **YES** - explain, including any assistance that may be needed: see back/attached

5. Other needs, limitations or information we should know? **NO** **YES** - explain, including any assistance that may be needed: see back/attached

6. Medications (including over-the-counter)? **NO** **YES** - list medication name, strength, dose, reason/purpose, and instructions: see back/attached

(Under 18 years old? Note medication section below.) _____

STAFF 18 YEARS OR OLDER

7. Permission for camp medical staff to share my health information as needed with nonmedical camp staff and with EMS (9-1-1) personnel is authorized by my signature below.

8. Medication Liability Waiver: I understand that by signing below I am accepting full responsibility for the management of any prescription or over-the-counter medications, vitamins and/or supplements that I have with me at camp. I know that it is my responsibility as a camp leader to secure my medications in a locked environment or to turn them over to camp medical staff to be secured properly. I also agree that I will in no way dispense my medications to any person under age 18 while at camp. If I do so, or if a child accidentally takes my improperly secured medication, I will be held fully liable, and I will be responsible for any damage or problem that results.

9. Staff signature (18 years or older): _____ Date: _____

STAFF UNDER 18 YEARS OLD

Circle appropriate answer (in bold).

7. Camp medical staff to oversee medications or treatments? **YES** - OVERSEE ALL **YES** - OVERSEE SOME **NO** - INDEPENDENT ALL (see #6 above)

IF "YES": 1) Complete Form 3 "Camper Med. Distribution and Treatment Record." Mark which medications are independent and which staff oversee. 2) Bring Form 3 to staff check-in or return with Staff Health Form.

All medications, including over-the-counter, must be turned into camp medical staff to secure. Exceptions: Epi-pen, inhaler, etc.

Medication that is expired or not in original container with legible directions may not be distributed by camp medical staff.

Doses exceeding package or prescription instructions require signed doctor's order for camp medical staff to follow.

8. I, _____, the Parent / Legal Guardian of _____

(PRINT NAME OF PARENT OR LEGAL GUARDIAN)

(PRINT NAME OF CHILD)

have read, understand, and insofar as I know have accurately completed this Staff Health Form to reflect my child's current health status. I understand my child's information will be shared on a "need to know" basis with camp staff. I give permission for my child to participate in all camp activities except as noted by me. I give permission for Camp to provide or obtain emergency first aid treatment and to oversee, distribute and/or administer medications as it deems necessary for my child per directions I provided above, including medications sent with my child, any ordered by emergency/clinic provider, and non-prescription medications available at camp per package instructions. I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician, to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment. Camp has permission to share my child's health information with EMS (9-1-1) personnel, hospital or clinic when deemed necessary for my child's health and well-being. These providers likewise have permission to speak with Camp regarding my child's health status and to provide Camp with verbal or written information and/or forms (e.g. visit discharge instructions) as needed for follow-up care. I give permission to copy my child's forms as needed for camp medical records. For promotional purposes, video and/or photography will be taken during camp. My signature below constitutes my permission for InFaith to use event pictures which include my child for such things as missionary newsletters, the Olympic Bible Camp website and other event or ministry promotional purposes, with the understanding that only first names will be used in picture captions.

9. Parent / Legal Guardian signature: _____ Date: _____