

2010 SUMMER EMPLOYEE MEDICAL FORM

CAMP OTYOKWAH

Name _____

Address _____

City _____ State ____ Zip _____ Age ____ Birthdate ____/____/____ M ____ F ____

Medical Insurance Check box to show copy of medical card attached

Family Insurance Company _____

Policy # _____

Parent/Guardian or Spouse _____

Date of Last Tetanus Shot:

If more than 10 years ago, should have booster before coming to

Special Conditions/Health History: (please check)

- Allergies
- Hayfever/asthma
- Convulsions/Seizures
- Heart trouble
- Diabetes
- Recently exposed to infectious diseases
- Other: please explain _____

Surgeries and/or Hospitalizations:

Date	Reason
_____	_____
_____	_____

Allergies to Medications:

Medication	Type of Reaction
_____	_____
_____	_____

How do you react to injury or illness? (i.e. pain tolerance, minimize injury, dramatic, etc.)

Please include other information that will be helpful in an emergency

Medications:

Note: The resident Health Professional functions under the direction of a medical director. **Medications may only be administered if in the ORIGINAL BOTTLE.** Medications in plastic bags or other pill containers cannot be dispensed. Medications prescribed to someone other than the camper may not be dispensed.

Medications to be taken during camp:

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED FOR EACH ADULT SUMMER EMPLOYEE:

If I am not able to give permission for emergency medical treatment and my primary contact cannot be reached in an emergency, I give permission to Camp Otyokwah Personnel to provide emergency medical treatment, including hospitalization, for me. I also give the resident health professional permission to administer nonprescription medications as deemed necessary.

Volunteer's Signature _____

Additional Emergency Contact: _____

Primary Emergency Contact _____

Relationship _____

Address _____

Phone (H) ____-____-____

Phone (H) ____-____-____ (W) ____-____-____ (C) ____-____-____

(W) ____-____-____

(C) ____-____-____

REQUIRED FOR EACH SUMMER EMPLOYEE WHO IS A MINOR:

If I cannot be reached in an emergency, I give permission to Camp Otyokwah Personnel to provide emergency medical treatment, including hospitalization, for my child. I also give the resident health professional permission to administer nonprescription medications as deemed necessary.

Parent/Guardian's Signature _____

Additional Emergency Contact: _____

Parent/Guardian's Name (printed) _____

Relationship _____

Address _____

Phone (H) ____-____-____

Phone (H) ____-____-____ (W) ____-____-____ (C) ____-____-____

(W) ____-____-____

(C) ____-____-____