BROOKTONDALE NAZARENE
Camp & Retreat Center

Staff Medical Form

NOTE: All camp staff workers are required to complete this form (in full) and return it with the application form in order to be considered for any staff position. Attach additional sheets as needed to fully answer questions.

NAME: _____ Birthdate: _____/_____/_____ ❑M ❑F

Address: _____
City State Zip

Phone:( )_____ Emergency #:_____

Name of Health Ins. Co. or Medicaid ID#_____

APPLICANTS UNDER 18:

Documentation of immunization for the following diseases **MUST** be submitted with this form. Acceptable documentation would be a copy of school, home or physician's records. Mumps, Measles, Rubella (MMR), Diphtheria, Polio Tetanus (DPT)

Has applicant had:	yes no		yes no		yes no
appendix removed	( )( )	asthma	( )( )	diabetes	( )( )
fainting spells	( )( )	hernia	( )( )	measles	( )( )
seizures/convulsions	( )( )	heart problems	( )( )	chickenpox	( )( )
				kidney disease	( )( )

Please list any allergies:_____

Please list medications:_____

Medication for those under 18 must be pharmacy labeled, and upon registration, presented to the nurse with a written prescription slip from their physician stating dosage directions.

Other pertinent information:_____

****there will be a Nurse/EMT in residence at all times****

Signatures required for applicants under 18 years of age.

I hereby give permission for _____ to participate in all camp activities except the following (list restrictions, or state NONE)_____.

I, the parent/guardian of _____ understand that in cases of medical emergency, every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the camp nurse or physician(s) selected by authorized personnel of the Upstate New York District Church of the Nazarene to hospitalize and to otherwise secure proper emergency treatment including injection, anesthesia, or surgery for the above named child. I, the undersigned, do, for myself, my heirs, personal representation and assignees waive and release any and all rights and claims for damages against the Upstate New York District Church of the Nazarene, their agents or authorized persons, for any and all injuries which may be suffered by me or my child, except that provided through insurance benefits.

_____ _____ _____

(Parent/guardian signature) *(Please print name)* *(Date)*