



Staff Health Form

Name _____ Date of Birth ___/___/___

Address _____

City _____ State _____ Zip _____

Phone _____ Gender ___M ___F Social Security Number _____

Parent's Name(s) _____

"I hereby give permission to Good News Camp to secure emergency medical and/or surgical treatment and routine, non-surgical medical treatment for my child while at Good News Camp."

Signature of Parent/Legal Guardian (if applicant is under 18) _____ Date _____

Insurance Company _____ Policy Number _____

Please list all prescription and nonprescription drugs and medications used regularly, how often they need to be administered, and the condition they are being used to treat. _____

Please list any medical conditions (if any) _____

List any allergies _____

Have you ever been exposed to any communicable and/or infectious diseases? _____
If so, please list _____

Do you have any physical limitations? If yes, please explain the degree of and cause for the limitation.

Please list any past surgeries _____

List any special conditions (reaction to drugs, sleepwalking, fainting, seizures, etc.) _____

