

Mendham Day Camp Staff Health Form

IMPORTANT: Health Form must be submitted to our camp office before training. Updates can be submitted later by email. Please ensure it is filled out completely & accurately.

STAFF INFORMATION: *(print clearly)* **Submit Completed form via email to: kwiggins@mendhamnj.org**

Last Name: _____ First Name: _____ Middle Name: _____
 Birthdate (mm/dd/yyyy): _____ Grade (level of next year): _____ Age: _____ Gender: _____
 Household Address: _____
 City/Town: _____ State: _____ Postal/Zip Code: _____
 Staff Member's Phone #: _____

PARENTS / GUARDIANS & EMERGENCY CONTACTS: *(print clearly) (attach separate sheet of paper if necessary)*

Legal Custody: who has Custody and is Legally Responsible (if under 18) for this staff member (be sure to include their contact information below):
 Both Parents (live together) Joint Custody (live apart) Mother Father Grandparents Guardian Foster Parents
 Over 18 not a minor

★★★ List in order who should be contacted in case of emergency – be sure to include parents/guardians: ★★★

<p>1st Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. First & Last Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell: _____</p>	<p>2nd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. First & Last Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell: _____</p>	<p>3rd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. First & Last Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell: _____</p>
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INSURANCE INFORMATION: (In case of emergency, this information will be required at any medical facility.)

Insurance Company Name: _____ ID#: _____ Group #: _____
 Policy Holder Name: _____ Relationship to staff member: _____

ALLERGIES: Do you have any allergies. Be specific, attach separate page if necessary

Indicate Type: Drug, Food, Environmental, Insect, Other	Allergen (please be specific)	Type & Severity of Reaction (Indicate if life-threatening)	Management / Treatment / Medication	Date of Last Reaction

EPI-PEN: Do you require an EpiPen? No Yes - If yes, please provide details about your anaphylaxis, including the date and description of any reaction. An Anaphylaxis Emergency sheet will be generated using the information provided.

***** If you have an EpiPen (i.e. bee/wasp allergy), please provide two non-expired EpiPens in original box with prescription label *****

ASTHMA/INHALER: Do you have asthma? No Yes - If yes, indicate severity? Mild Moderate Severe
 Made worse by activity. What are the triggers for these attacks? _____

If you have used your puffer in the last year, then you are required to have a puffer at camp.

Staff Health Form (continued)

Last Name: _____ **First Name:** _____

HEALTH HISTORY: Have you experienced or are currently experiencing any of the following conditions:

- | | | |
|--------------------------------|---------------------------------------|--|
| ___ ADD/ADHD | ___ Diabetes | ___ Nosebleeds |
| ___ Back / Neck Pain or Injury | ___ Ear Infections / Hearing Problems | ___ Skin Problems |
| ___ Behavioral Issues | ___ Epilepsy / Seizures | ___ Speech Problems |
| ___ Blackouts / Fainting | ___ Headaches / Migraines | ___ Sprains, Strains, or Fractures |
| ___ Bleeding Disorder | ___ Heart condition | ___ Visual Problems / Wears Glasses/Contacts |
| ___ Chest Pain | ___ Kidney Disease | ___ Weight Concerns / Eating Disorder |
| ___ Chrons / Colitis / IBS | ___ Learning Disabilities | ___ Other, please explain: |
| ___ Concussion | ___ Mental Health Issues | |
| ___ Developmental Delays | ___ Motion Sickness | |

Be sure to fully explain any conditions you are currently experiencing. It is important to include ALL information regarding your history of illness so that our staff are prepared in case of incident or emergency.

ACTIVITY RESTRICTIONS: Do you have any restrictions on activity? No Yes - If yes, please explain: _____

ADDITIONAL INFORMATION: Please list any other medical information the camp should know about you.

RELEASE OF LIABILITY & AUTHORIZATION FOR TREATMENT:

I recognize and acknowledge that there are certain risks of physical injury to staff and campers and I agree to assume the full risk of any injuries, damages or loss, regardless of severity, which my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with Mendham Borough Day Camp. I agree to waive and relinquish all claims my minor child/ward may have against Mendham Borough and its officers, agents, volunteers and employees as a result of participation in the program. I do hereby fully release and discharge the Mendham Borough and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s). I further agree to indemnify and hold harmless and defend the Mendham Borough and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by my minor child arising out of, connected with, or in any way associated with the activities of the program(s). I hereby give permission to Mendham Borough Day Camp to provide first aid treatment for minor injury or illness and to provide and arrange for emergency treatment of other illnesses. In the event of any emergency, I authorize the Mendham Borough Day Camp to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes the transporting of my minor child/ward's by ambulance, if necessary, to the nearest medical treatment facility or to the hospital, if I am unable to be reached first. I give permission to Mendham Borough Day Camp to photocopy this form to accompany camper for medical treatment and for trips off campgrounds.

If under age 18:

★ **Signature of Parent/Guardian:** _____ **Date:** _____

If over the age of 18:

★ **Signature of Staff Member:** _____ **Date:** _____