

CAMP TIMBERLEDGE

STAFF HEALTH HISTORY

I. PERSONAL DATA (PLEASE PRINT):

Last Name: _____ First: _____ M.I.: _____

Birth Date: ____/____/____ (MM / DD / YY)

II. GENERAL HEALTH QUESTIONS:

Please indicate if you have or had any of the following conditions. Explain "yes" answers on the line.

Yes No Allergies to food, medications, other (dust, mold, insect stings, etc.)

Please list

Treatment for allergy _____

Yes No Recent injuries or illnesses _____

Yes No Recent exposure to infectious illness _____

Yes No Surgery _____

Yes No Headaches/migraines _____

Yes No Head injury or knocked unconscious _____

Yes No Fainting problems _____

Yes No Frequent ear infections or swimmer's ear _____

Yes No Passed out or become dizzy during or after exercise _____

Yes No Seizures _____

Yes No Chest Pain _____

Yes No High or low blood pressure _____

Yes No Heart murmur or other heart problem _____

Yes No Back problems or pain _____

Yes No Joint problems or arthritis _____

Yes No Skin problems (rash, itching, etc.) _____

Yes No Diabetes or low blood sugar _____

Yes No Asthma or other breathing problems _____

Yes No Mononucleosis within the past 12 months _____

Yes No Stomach or digestive problems _____

Yes No Nosebleeds

Yes No Eating disorder _____
Yes No Sleepwalking _____
Yes No Ever been treated for emotional problems _____
Yes No Abnormal menstrual history _____
Yes No Do you wear glasses or contacts? _____
Yes No Do you wear a hearing aid? _____
Yes No Do you have any dental or orthodontic appliances? _____
Yes No Do you take medication on a regular basis? _____
Yes No Do you have any dietary restrictions? _____
Yes No Do you have any activity restrictions (swimming, lifting, strenuous activity) _____

For the safety of the campers, please bring all medications to the Nurse's Office for storage during camp.

III. MEDICAL RELEASE: The information provided on this Health History is correct to my best of my knowledge. I hereby give Camp Timberledge permission to arrange for transportation and emergency medical treatment in the event of serious illness or injury. Necessary records and insurance information may be released to pertinent individuals for treatment, billing, referral and insurance purposes. I release Camp Timberledge from responsibility and liability for any accidents or illnesses occurring during camp.

Signature of Staff Member _____ **Date** _____

Photocopy Of Insurance Card On File

IV. EMERGENCY CONTACT:

Name _____ Relationship to Staff Person _____

Street Address _____

Home Phone Number _____

Alternative Contact Information:

1. Work: _____ Cell: _____

2. Other: _____

PROVIDE ON ARRIVAL TO CAMP TIMBERLEDGE
QUESTIONS: Christy Davis, Health Director, 570-698-7917, markchristydavis@echoes.net