

# 2008 CAMP STAFF HEALTH FORM

Holston Conference Camp and Retreat Ministries

Year \_\_\_\_\_

**Staff Name** (Print) \_\_\_\_\_ SS# \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

**In an emergency situation, use these contacts as necessary:**

Second Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Staff's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Subscriber's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Insurance Claims Address: \_\_\_\_\_

Pre-Authorization Phone # if required (\_\_\_\_) \_\_\_\_\_

**Authorization – Must be signed.**

In signing this authorization, I acknowledge that I have read the event description and am aware that the activities associated with this event entail certain inherent risks including damage to property, personal injury, and even death. In consideration for being permitted to participate in this event, I agree to assume all such risks and hereby release and discharge Holston Conference Camp and Retreat Ministries, Inc., it's affiliated camps, officers, sponsors, trustees, employees, agents and other aids and/or volunteers from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises out of my participation in this event.

I hereby give permission to the camp to provide routine health care, administer prescription drugs, and seek emergency medical treatment including ordering X-rays and/or routine tests. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me/or my child as named above.

The health history on pages 2 and 3 is correct so far as I know.

The person herein described has permission to engage in all prescribed camp activities except as noted.

I give permission for me/my child to be transported in a private vehicle if necessary.

I give permission for photographs taken of me/or my child to be used for camp publicity, printed or electronic.

**Signature of parent/guardian or adult staff** \_\_\_\_\_

This form may be photocopied for use out of camp. **Date** \_\_\_\_\_

FOR OFFICIAL USE: Staff Name \_\_\_\_\_



