



June 2-7, 2019
Staff Deadline - May 18, 2019

Office Use
[Blank lines for office use]

STAFF HEALTH FORM AND INSURANCE INFORMATION

NAME: _____ Birthday _____
Sex: Male or Female Deaf ___ Hearing ___ Blood Type: A+, A-, B+, B-, O+, O-, AB+, AB-
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: (_____) _____ WORK: (_____) _____

Health INSURANCE POLICY Please include a copy of your insurance card

Name of PolicyHolder: _____
Phone Number: _____ Policy/Group # _____
Type of Coverage: _____

Doctor's Name: _____ Phone:(_____) _____
Address: _____
Last date of your Tetanus shot? _____

ALLERGIES: Check all that apply

Table with 8 columns: Allergies, Bee sting, Poison Ivy, Penicillin, Poison Oak, Sumac, Dust, Epipen

Any special dietary requirements and/or restrictions:

Please list any restrictions or limitations:
[Blank lines for restrictions]

Check all that apply

<i>Asthma</i>	<i>Inhaler</i>	<i>Nebulizer</i>	<i>Diabetic</i>	<i>Sunburns easy</i>
Skin sensitivity due to other medical condition			Eczema	

Medication or Insulin

Medicine	Dose	Time administered/X per day	Office use

IN CASE OF AN EMERGENCY NOTIFY:

NAME:

PHONE: (_____) _____ OTHER: (_____) _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I, _____ hereby give my permission to camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide medical, to order injection, anesthesia or surgical care should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed above before any action will be taken. If it is not possible to locate emergency contacts listed. I accept the expense of emergency medical or surgical treatment. I hereby authorize DYC and Baptist Ridge and its employees and agents to dispense medications and attend to other special needs I may need. I give Deaf Youth Camp's nurse permission to administer all medicines listed as per directions on container or written out.

Signature

Date

Send this form with your application.