

SAIL CAMP STAFF Medical Form- all staff must follow camp safety guidelines as outlined in parent handbook

First name _____ Last _____

Address _____

City/St/zip code _____ home phone _____

cell phone _____ email _____

Date of Birth _____(mm/dd/yyyy) Date of Last Tetanus shot _____(yyyy)

Emergency Contact Person & relation _____

home phone number of this person _____

cell phone # _____

work phone # _____

all effort will be made to contact the above person in event of an emergency

List any Medical Factors that would be pertinent in an emergency situation, ie: allergies, current medications, unusual blood type, history of seizure disorder : _____

Physician Name: _____ phone # _____

office/hospital location _____

Health Insurance Information: Name of Insurer; _____

Policy # _____ Group # _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the Sail Camp to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for the above person. If camper staff member is under age, please have this signed by your guardian or parent. I hereby give permission to the physician to secure and administer treatment, including hospitalization, for the staff person above.

Staff signature _____

If minor- guardian/parent signature _____

date _____

witness
