

# REDWOOD CREEK CAMP - STAFF HEALTH INFORMATION FORM 201+

(If you are under 18, your parent or guardian must complete this form)

Complete this form and mail with your other papers to Redwood Creek Camp, P.O. Box 373, Eureka, CA 95502. All information is kept confidential.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ S.S. # \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_\_ Name of Insurance: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve Phone: (\_\_\_\_) \_\_\_\_\_

## If parent(s) are not available in an emergency, whom should we notify?

Name/Relationship: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve Phone: (\_\_\_\_) \_\_\_\_\_

## Current Health Status

Are all required immunizations up to date?  Yes  No Date Tetanus given (required): \_\_\_\_\_

Have you received the Hepatitis B vaccination series?  Yes  No

Do you have any current health condition which requires special treatment or restrictions?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any \*contagious conditions?  Yes  No

If yes, explain: \_\_\_\_\_

\*Notification required prior to attendance in the case of any contagious conditions not listed on this form (e.g. illness contacted after application has been processed, including head lice).

**Allergies** (Please check any allergies you have and explain reaction)  No known allergies

- |  |  |
|--|--|
| <input type="checkbox"/> Penicillin _____    | <input type="checkbox"/> Anesthetics _____ |
| <input type="checkbox"/> Environmental _____ | <input type="checkbox"/> Hay Fever _____   |
| <input type="checkbox"/> Bee Stings _____    | <input type="checkbox"/> Horses _____      |
| <input type="checkbox"/> Dietary _____       | <input type="checkbox"/> Other _____       |

**Health History** (Please check any conditions you have or have had and give the approximate date of onset)  None

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Asthma _____                | <input type="checkbox"/> Depression _____  | <input type="checkbox"/> Low Blood Sugar _____      | <input type="checkbox"/> Chicken Pox _____                | <input type="checkbox"/> Freq. Ear Infections _____ |
| <input type="checkbox"/> ADD/ADHD _____              | <input type="checkbox"/> Convulsions _____ | <input type="checkbox"/> Heart Defect/Disease _____ | <input type="checkbox"/> Bleeding/Clotting Disorder _____ |   |
| <input type="checkbox"/> Mononucleosis _____         | <input type="checkbox"/> Diabetes _____    | <input type="checkbox"/> Migraines _____            | <input type="checkbox"/> Other _____                      |   |
| <input type="checkbox"/> Major surgery/illness _____ |  |   |   |   |

## Medications

Please list all medications to be taken at camp (including inhalers and non-prescription medications). Medications brought to camp must be kept in a locked suitcase or in an area inaccessible to campers (e.g. Medical Office).

\_\_\_\_\_

The following **over-the-counter medications** will be available while you are at camp if necessary or requested. These medications will be administered under the direction of the camp nurse. Dosages will be as listed on labels and generic equivalents will be used if available. If under 18, please have your parent/guardian check YES if they approve you using, or NO if they do not wish the medication to be used, for each medication:

- | YES                      | NO                       |   | YES                      | NO                       |   |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol (for minor aches/pains, fever)        | <input type="checkbox"/> | <input type="checkbox"/> | Benadryl (for congestion, allergic reactions) |
| <input type="checkbox"/> | <input type="checkbox"/> | Advil (for minor aches/pains, cramps)         | <input type="checkbox"/> | <input type="checkbox"/> | Robitussin (for cough)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums (for upset stomach/nausea/indigestion)   | <input type="checkbox"/> | <input type="checkbox"/> | Imodium (for diarrhea)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Maalox (for upset stomach/nausea/indigestion) |                          |                          |   |

**Certifications** (Please check if you have any of the following certifications/licenses and give expiration dates)

First Aid \_\_\_\_\_  CPR \_\_\_\_\_  EMT \_\_\_\_\_  Paramedic \_\_\_\_\_  LVN \_\_\_\_\_  RN \_\_\_\_\_  Other \_\_\_\_\_

If there is any other information you feel the health care staff should be aware of, please list below or on a separate page.

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Redwood Creek Summer Camp Staff 2017**  
**MEDICAL CONSENT, RELEASE AND ASSUMPTION OF RISK AGREEMENT FORM**

**MEDICAL RELEASE:** Permission is granted for any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered under the general or specific instruction of staff member's physician or any physician the camp may call, whether such diagnosis or treatment is rendered at the office of staff member's physician, at a licensed hospital, urgent care facility, or at the camp. It is further understood that this consent is given to authorize Redwood Creek Summer Camp or the physician to exercise his/her best judgement as to the requirement of such diagnosis or treatment. I/we also give permission to the nurse/doctor to give over-the-counter medications as listed on reverse side including but not limited to, pain medication, cold and flu medication unless otherwise noted. This consent shall remain in continuous effect until revoked in writing or, if under 18, said minor is removed by the parent or guardian from Redwood Creek Summer Camp. I/we hereby authorize any hospital or physician or any other person who has attended or examined staff member to furnish the camp's insurance company or its representative any and all information on treatment, and copies of all hospital or medical records. A Photostatic copy of this authorization shall be as valid as the original. I/we understand that if for any reason staff member has to leave camp, either for medical reasons or otherwise, I/we shall be responsible for transportation from Redwood Creek Summer Camp. If staff member has additional medical/health needs, I/we have included the specific information on a separate piece of paper.

**CAMP ACTIVITIES:** Redwood Creek Summer Camp, Northern California Conference of Seventh-day Adventists and the Northern California Conference Association of Seventh-day Adventists, a California Corporation, (hereinafter referred to as the "Church Entities") offer a wide variety of camp activities, sometimes including, but not limited to, hiking, horseback riding, rock climbing, rappelling, sports, athletics, lake aquatics, biking, mountain biking, water-skiing, white water rafting, swimming and ropes course.

**INHERENT RISKS:** The Church Entities strive to make all camp programs safe. However, as in any strenuous activity, these activities have inherent risks and may result in serious injury or death. Some of these inherent risks may include: The failure of equipment used in these activities; the propensity of an animal to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of an animal's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; the potential of a participant, employee or agent to act in a negligent manner that may contribute to injury to the participant or others, such as failing to perform a task adequately, failing to maintain control over an animal or not acting within his or her ability; certain hazards such as surface and subsurface conditions; Natural Disasters, such as earth movement, weather conditions; collisions with other objects or animals.

**ACCEPTANCE OF RISKS:** I/we realize that any camp activity has inherent risks associated with the performance of those activities. I/we understand that the church entities take time to safe techniques, including the proper use and limitations of each piece of equipment. I/we should only consent for participation after I/we have read the description of the programs in the camp brochure. If I/we have any questions, I/we will contact the camp director before giving consent. I/we am/are voluntarily giving permission as the self or parent/guardian of the named staff member, to participate in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury or death.

**ACTIVITY RELEASE:** As consideration for being permitted by the Church Entities or one of their affiliated organizations to participate in the above activities and use their facilities, I/we hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Church Entities, or their owners, employees, officers, directors, members, agents and all affiliates and parent organizations of said entities. Further, I/we agree to release from liability, indemnify and hold harmless said organizations from any and all claims, damages, injuries, and expenses arising out of or resulting from the named staff member's participation in any camp activity. I/we further agree to release, acquit, and covenant not to sue said organizations for any and all actions, causes of action, claims or damages, damages in law, or remedies inequity of whatever kind, including negligence of said organizations. I/we understand "said organizations" includes their agents and employees. I/we have read this entire agreement and fully understand it. I/we also acknowledge that I/we have read the camp brochure including its description of the above listed programs.

**PHOTO/MEDIA RELEASE:** This certifies that I/we, as the staff member and/or Parent/Guardian of the said staff member, hereby grant permission to Redwood Creek Summer Camp Administration to use materials (including, but not limited to, slides, video recordings, sound recording, photographs, and movie film) which has been, is now, or will be taken, recorded, or produced at Redwood Creek Summer Camp during the camping season for the purpose of advertising, news articles, visual aids, web site, or otherwise.

**STATEMENT OF AGREEMENT:** I/we have carefully read these agreements and fully understand their contents. I/we am/are aware that these are releases of liability and contracts between myself and Redwood Creek Summer Camp, Northern California Conference of Seventh-day Adventists and the Northern California Conference Association of Seventh-day Adventists, a California corporation and/or their affiliated organizations and sign it of my own free will. As self and/or parent/guardian of the above named staff member, I/we release Redwood Creek Summer Camp and Church Entities from liability in case of accident or illness. I, as the Parent/Guardian of said staff member, hereby give my consent for said staff member under 18 years of age for whom I am responsible, and whose name and birthdate is listed above, to work at Redwood Creek Summer Camp. I/we have read the above releases and assumption of risk agreements and photo release and agree to be bound by them.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if staff under 18) \_\_\_\_\_ Date \_\_\_\_\_