



Staff Health History Form (HW.23)

Please note: this form is voluntary for staff. It will be used only in the event of a medical emergency.

Today's Date:

Position (s) held:

To be completed by employee:

Name:

Address:

Phone numbers:

Email:

- A. Based on the your job description, please clarify any camp activities from which you should be exempted or limited for health reasons:

- B. Please record any allergies you have:

- C. What is the date month/year of your last tetanus shot?

- D. Please list all medications you currently take, both prescribed and over the counter, of which you would like an emergency personnel to be aware.

- E. Please list two people to contact in case of emergency:
 - 1. Name: Relationship:
 - Address:
 - Phone numbers:
 - Email:
 - 2. Name: Relationship:
 - Address:
 - Phone numbers:
 - Email:

- F. Name of Physician: Phone number:

- G. Name of Orthodontist: Phone number:

H. Name of Dentist:

Phone number:

I. Name of Health Insurance Company:

Group number:

Policy Holder name/number:

J. Is there any additional information you would like us to have to share with a hospital in the event of a medical emergency?

Emergency Release: In the event of a medical or dental emergency, I give my consent for Camp Magnolia and its employees and/or my emergency contacts to use their best judgment in rendering or securing medical aid and/or ambulance service for me. I give permission to the physician selected by Camp Magnolia to order x-rays, routine tests, and treatment related to my health in emergency situations. I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for me. I understand the information on this Health History Form will be shared on a "need to know" basis with Camp Magnolia staff or my emergency contacts or medical providers. I give permission to photocopy this form. In addition, Camp Magnolia has permission to obtain a copy of my health record from providers who treat me and these providers may talk with Camp Magnolia's staff and/or those I designate as my emergency contacts about my health status.

Employee Signature:

Date: