**Staff Medical Information Form**

**Please note: You must be at least 16 years of age or entering 11th grade to work in an accredited camp**

Name Date of Birth

Address City, State Zip

Home Phone Cell Phone Age

Place of Birth Citizenship Height Weight

If unmarried - Father’s Name & Work # -

If unmarried - Mother’s Name & Work # -

If married – Spouse’s Name & Work # -

**In case of Emergency, contact (List someone other than parents/guardian):**

(Name, Phone # and Relationship)

Doctor’s Name & Phone # -

Are you up to date on all immunizations? If under 18, date of last tetnus shot?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, what are you missing?

List any medication that you are currently taking or will be taking during camp -

# Please list any medical/social/psychological/special needs issues of which we should be aware -

**AUTHORIZATION**

I hereby authorize Camp Chofetz Chaim to administer First Aid, doctor or hospital care, or any emergency treatment that we may deem necessary.

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SIGNATURE OF EMPLOYEE PARENT’S SIGNATURE (IF UNDER 21)

**IMPORTANT**

**Please attach a copy of your Driver’s License (front and back)**

**or other Gov’t issued I.D.**