CAMP MARDELA

Staff & Volunteer Health History Form

Updated May, 2025

Please provide a complete and accurate record of your health history. If you have any current or past health conditions that could affect your participation, please inform us below. Please refer to accompanying camp information or camp administrator for specific responsibilities and activities related to your job.

Staff/Volunteer Information

Name _____ Birth Date _____

Sex _____ Date of Form Completion _____

Address _____ Email _____

Home Phone _____ Cell Phone _____

Parent/Guardian Name(s) (if under 18) _____

Parent/Guardian Address (if different than minor's) _____Email _____

Emergency Contact Information

Contact #1 _____ Day _____ Evening _____

Contact #2 _____ Day _____ Evening _____

Contact #3 _____ Day _____ Evening _____

Health History - Select the items below that apply if you have had any of these conditions within the past 12 months, or if history of any of these conditions may effect their health and/or our ability to treat any injuries/illnesses while they are at camp.

Allergies		**Behavioral/Mental**		**Chronic Illness**		**Illness/Other**	
Animals		ADD/ ADHD		Asthma		Chicken Pox	
Bugs		Anxiety		Bleeding/ Clotting		COVID-19	
Drugs		Bipolar Disorders		Convulsions/ Seizures		Ear Infections	
Food		Depression		Cancer		Hay Fever	
Material		Eating Disorders		Convulsions/ Seizures		Measles/Mumps	
Minor/Seasonal		Homesickness		Diabetes		Mononucleosis	
Plants		Learning Disabilities		Heart Disease		Surgery	
Other		OCD		Hypertension		Tick Bites	
		PTSD		Inflammatory Bowel		Other	
		Other		Other			

Please provide explanations for all checked items from the previous page:

Allergies _____

Behavioral/Mental _____

Chronic Illness _____

Illness/Other _____

Do you have any medicines or conditions that will prevent you from doing job-related tasks? Yes No

If yes, explain: _____

(If under 18) Are you taking any other medications? Yes No

If yes, please complete pages 3 & 4 and get Doctor's permission for camp to administer these medicines.

Staff/Volunteer Physician & Health Care Information

Physician _____ Phone _____ Date of Last Exam _____

Dentist/Orthodontist _____ Phone _____ Date of Last Exam _____

Do you have health insurance? Yes No (If yes) Policy # _____ (attach copy of insurance)

Immunization	Date	Immunization	Date
Diphtheria (Pertussis/Tetanus DPT)		Hepatitis B	
Tetanus/Diphtheria DT		Varicella (Chicken Pox)	
Tetanus		Polio	
MMR (Measles, Mumps, Rubella)		COVID-19	
Tuberculin Test Given (most recent)		Other	
Haemophilus Influenza b (HIB)			

Acknowledgement of Risk - Release of Liability - Emergency Communication

I acknowledge that the risk of injury or illness cannot be totally eliminated. In the event of illness or injury, I give consent to provide First Aid or emergency care as necessary, and in an emergency, to transport the staff/volunteer to a medical facility and administer tests and treatment as needed. I affirm the information provided is accurate and complete and I agree to hold Camp Mardela harmless if full disclosure of health conditions have not been provided. I release Camp Mardela, staff & board members from all liability not directly related to the actions of Mardela staff. If staff/volunteer arrives ill or becomes ill at camp, the staff/volunteer will be monitored and isolated in the infirmary. Emergency contacts will be notified if the staff/volunteer requires outside medical treatment or if he/she spends more than 12 hours in the infirmary.

Staff Member Signature _____ Date _____

(If under 18) Parent/Guardian Signature _____ Date _____

Signature of Health Professional is only needed if any of the listed medications are rejected and your physician approves and gives a recommended alternative.

Consent to Administer Over the Counter Medications
For Staff & Volunteers under 18 ONLY

Please review the list of over the counter (OTC) medications we keep in our infirmary. Please check the boxes below to signify permissions of OTC medications that can be used as needed during camp.

Medications	Uses	Yes	No	Medications	Uses	Yes	No
After Bite	Insect Bites, Itch			First Aid Cream	Cuts, burns		
Aloe/Solarcaine	Sun Burns			Ibuprofen (Motrin)	Swelling, sprains		
Anbesol	Cold Sores			Menthol Lozenges (Chloroseptic)	Sore throat		
Antacid (Tums)	Acid Stomach, heartburn, gas			Neosporin	Cuts		
Auro Dri	Swimmer's Ear			Pepto Bismol	Upset stomach, diarrhea		
Bactine Spray	Scrapes, cuts			Rhuli	Poison Ivy		
Benadryl	Allergies, itching			Sun Screen	Prevents sunburn		
Bug Spray	Prevents insect bites			Tetrahydrozoline eye drops	Red, irritated eyes		
Cala Gel	Poison ivy, itching, bug bites			Tinactin/Lamisil	Athlete's Foot/Jock Itch		
Chloraseptic Throat Spray	Sore throat			Tylenol	Headache, fever		
Cough Drops	Dry coughs						

Dosage and frequency of use will strictly adhere to directions on original packaging, according to the age and physical state of the staff member. Physicians and parents must sign for staff under the age of 18.

YES = I approve that it is safe for me to take this medication for the listed complaint and may be administered as needed.

Signature _____

NO = I do not approve the use of this medication and I will provide alternative treatment options or assume the risk this refusal to treat may cause.

Signature _____

If "NO" is marked for any or all of the following treatments, please describe alternative treatment options camp staff and health professionals need to take in case of a health emergency.

_____

Signature of Health Professional _____ Date _____

Signature of Health Professional is only needed if any of the listed medications are rejected and your physician approves and gives a recommended alternative.

Camp Medication Form

For Staff & Volunteers under 18 AND Staff & Volunteers staying in cabins with campers ONLY

This form must be completed for all medications brought to camp (Prescription & OTC) for staff/volunteers under 18 and/or will be staying in a cabin/room with campers. Must be completed within 1 year or attendance. All medications (prescription or over the counter) must be in their original containers with doctor's instructions. Repackaged or expired medications will not be held or dispensed at camp. Staff who are over 18 and can self-medicate are not required to report medications unless they are living in cabins with campers and must have medications held with the camp nurse.

Name of Medication	Dosage	Times	Route

I certify that the above medications are listed accurately and completely and will be brought in original packaging with physician instructions.

Staff Signature _____ Date _____

(If under 18) Parent Signature _____ Date _____

This staff member is able to self-medicate. Yes No

Signature of Health Professional is only needed if any of the listed medications are rejected and your physician approves and gives a recommended alternative.