



Staff Health History & Participation Form

Updated March, 2022

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 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 - Check all that apply

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

Camper Physician & Health Care Information

Family 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 member 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 arrives ill or becomes ill at camp, the staff member will be monitored and isolated in the infirmary. Emergency contacts will be notified if the staff member 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 _____

Consent to Administer Over the Counter Medications

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			Ipecac Syrup	Induces vomiting of ingested poisons		
Antacid (Tums)	Acid Stomach, heartburn, gas			Menthol Lozenges (Chloroseptic)	Sore throat		
Auro Dri	Swimmer's Ear			Neosporin	Cuts		
Bactine Spray	Scrapes, cuts			Pepto Bismol	Upset stomach, diarrhea		
Benadryl	Allergies, itching			Rhuli	Poison Ivy		
Bug Spray	Prevents insect bites			Sun Screen	Prevents sunburn		
Cala Gel	Poison ivy, itching, bug bites			Tetrahydrozoline eye drops	Red, irritated eyes		
Chloraseptic Throat Spray	Sore throat			Tinactin/Lamisil	Athlete's Foot/Jock Itch		
Cough Drops	Dry coughs			Tylenol	Headache, fever		

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.

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 _____

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 _____

Camp Medication Form (required for staff under 18 and staff living in cabins with campers)

This form must be completed for all medications brought to camp (Prescription & OTC) without exception. Must be completed within 1 year of 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	Physicians Signature (prescribed medications)

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

Physician Signature _____ Date _____