

# CAMP MARDELA: Staff Health History and Participation Form

**Attention:** Safety is a very high priority for all of our programs. Please help us by providing the information requested below. If your child has any current or past health conditions that could affect her/his participation, please inform us. Camp Mardela is a non-profit, faith-based, summer camp and retreat facility. Our program uses a variety of activities that may or may not include team-building activities, fishing, swimming, running, hiking, climbing, camping, canoeing, etc. Since this is a general description only, please refer to accompanying information or camp personnel to find out more about specific activities planned for the program. Although some of these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health.

Camper Name \_\_\_\_\_ SSN (optional) \_\_\_\_\_  
 Birth date \_\_\_\_\_ Age as of camp \_\_\_\_\_ Gender  Male  Female  
 Address \_\_\_\_\_  
Number/Street or PO Box City State Zip  
 Telephone \_\_\_\_\_  
Home: Area Code and Number Work: Area Code and Number Cell: Area Code and Number Email Address

**EMERGENCY CONTACT INFORMATION** (Three different emergency contacts are required with both day and evening telephone numbers)

Emergency Contact #1 \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_  
Name Area Code and Number Area Code and Number  
 Emergency Contact #2 \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_  
Name Area Code and Number Area Code and Number  
 Emergency Contact #3 \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_  
Name Area Code and Number Area Code and Number

You will be contacted in case of an emergency (injury that requires physician's treatment, natural disaster or other emergency situations). The camp administrator or director will contact the parents/guardian via parents' home, office or cell phone. Please designate your first point of contact on this form by marking it, "1st".

**HEALTH HISTORY**

- Yes No Ear infections
- Yes No Heart disease/murmur/other
- Yes No Convulsions/Seizures
- Yes No Diabetes
- Yes No Bleeding/Clotting
- Yes No Hypertension
- Yes No Mononucleosis
  
- Yes No Learning Differences/Disabilities
- Yes No Bi-polar Disorders
- Yes No ADD/ADHD
- Yes No Depression
- Yes No Eating Disorders
  
- Yes No Chicken Pox
- Yes No Measles
- Yes No German Measles
- Yes No Mumps
  
- Yes No Hay Fever
- Yes No Poison Ivy/Oak/Sumac
- Yes No Stings/Bites (Bees, Insects, Jellyfish, Ticks, Spiders, etc.)
  
- Yes No Penicillin
- Yes No Other Drugs
- Yes No Asthma
- Yes No Other (attach explanation)

Does the staff member have allergies? Yes No  
 Food \_\_\_\_\_  
 Does staff member have behavioral issues? Yes No  
 Explain \_\_\_\_\_  
 Does the staff member take any medications that might impair their ability to perform essential functions of their position? Yes No If so, discuss these details with the camp administrator.  
 Explain \_\_\_\_\_  
 Has staff member had any surgeries or serious illnesses? Yes No  
 Explain \_\_\_\_\_  
 Does staff member have any disabilities, chronic or recurring illnesses? Yes No  
 Explain \_\_\_\_\_  
 Does staff member have any dietary conditions/modifications? Yes No  
 Explain \_\_\_\_\_  
**Does staff member have other diseases or conditions? Yes No**  
 Explain \_\_\_\_\_  
**Is staff member currently taking any medications? Yes No**  
**No Medications can be administered at camp to staff under the age of 18 without a Doctor's signature.**  
**See pages 2 and 3.**

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_ Date of Last Physical Exam \_\_\_\_\_  
 Dentist/Orthodontist \_\_\_\_\_ Telephone \_\_\_\_\_ Date of Last Dental Exam \_\_\_\_\_  
 Do you carry family medical/hospital insurance? Yes No If so, indicate Carrier Policy # \_\_\_\_\_

Name \_\_\_\_\_ **CAMP MARDELA: Staff Health History and Participation Form**

IMMUNIZATION HISTORY: Please record the approximate date (month and year) of most recent booster doses.

Vaccines	Last Booster	Vaccines	Last Booster
Diphtheria/Pertusis/Tetanus DPT		Tetanus/Diphtheria DT	
MMR (Measles, Mumps, Rubella)		Tetanus	
Tuberculin test given (most recent)		Varicella (Chicken Pox)	
Haemophilus Influenza b (HIB)		Polio	
Hepatitis B:		Other	

**Consent to Administer Over the Counter Medicines**

Please review the list of over the counter (OTC) medicines that we keep in our infirmary. Choose either yes or no regarding consent for each medicine listed.

MEDICATIONS	USES	YES	NO
Anbesol Gel / Liquid	Cold sores		
Antacid (Tums)	Acid stomach		
Auro Dri	Swimmers ear		
Benadryl	Allergic reactions, itching, seasonal allergies		
Chloroseptic throat spray	Sore throat		
Cough Drops (Robitusin)	Dry coughs		
Tums	Acid indigestion, heartburn, gas, acid stomach		
Ibuprofen (Motrin)	Swelling, extremity injury (i.e. sprains)		
Menthol lozenges (Chloroseptic)	Sore throat		
Pepto Bismol	Upset stomach, diarrhea		
Tetrahydrozoline eye drops	Red, irritated eyes		
Tylenol	Headache, fever		
After Bite	Itching, Insect Bites		
Neosporin Ointment	Cuts		
Bactine Spray	Scrapes or cuts		
Benadryl Spray/cream	Itching		
First Aid Cream	Cuts, scrapes, burns		
Cala Gel	Poison ivy, itching, bug bites		
Insect repellent spray	Prevention of insect bites		
Rhuli	Poison ivy		
Solarcaine	Sunburn		
Sun Screen	Prevention of sunburn		
Tinactin or Lamisil	Athletes Foot/Jock Itch		

**In all cases, dosage and frequency of use will strictly adhere to directions on original packaging, according to the age of the camper. Your consent must be given before any medication is given to your child. Without the consent of your physician we can give only one dose of the above medications. Must be signed by a doctor for staff under the age of 18.**

**Signature of Health Professional:** \_\_\_\_\_ **Date:** \_\_\_\_\_

IMPORTANT NOTE FOR MEDICATIONS By law, all prescription medications and over the counter medications must be brought to camp in their original containers, with the doctor's instructions. DO NOT pre-dispense, place in daily pill holders, wrap in outer materials, or ask us to dispense by other than doctor's orders. Do not bring expired medications. Medications not in original containers will not be held or dispensed at camp.

RELEASE OF LIABILITY – ACKNOWLEDGMENT OF RISK – AUTHORIZATION FOR TREATMENT I acknowledge that although Mardela's summer program has been carefully designed and operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care, or hospitalization, order x-rays, routine tests, treatment, and necessary transportation for my child to a medical facility as necessary. If I cannot be contacted, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child. I affirm that all the information provided is accurate and complete and I agree to hold Camp Mardela harmless if full disclosure of a pre-existing health condition has not been provided. I release Camp Mardela, staff members and board members from all liability not directly related to the actions of Mardela staff members.

PLEASE NOTE - If a staff member arrives at the camp site ill, or becomes ill at camp, the parent or another authorized individual will be notified and a course of action will be determined. Sick staff will be monitored and isolated in the Infirmary under the supervision of the Camp Staff. You will be notified if your child requires outside medical treatment or if he/she spends more than 12 hours in the infirmary. If a staff member is injured and requires treatment outside of the camp setting you will be notified immediately.

PUBLICITY: I authorize \_\_\_\_\_ do not authorize \_\_\_\_\_ use of my / my child's image in Camp Mardela publicity.

PARENT: Signature of **parent/guardian** or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my activities, as well as the rules and regulations of Camp Mardela.

CAMPER: Signature of camper/minor \_\_\_\_\_ Date \_\_\_\_\_



