

BREWSTER DAY CAMP 2019
STAFF HEALTH & INFORMATION FORM

Information provided on this form is required by our camp license and will remain confidential.

General Information

First Name _____ Middle _____ Last Name _____ Date of Birth ____/____/____ Age ____

Permanent Mailing Address _____ Phone _____

Email Address _____ Cell Phone _____

With whom will you be living this summer? _____ Do they work at BDC? ___ Yes ___ No

Work/Education History (past 5 years) _____

High School Attended _____ Month of Graduation _____ Year _____

College/University _____ Degree _____ Year of Graduation _____

Graduate School _____ Degree _____ Year of Graduation _____

How do you learn best? (auditory, visual, hands-on, read, other, not sure?)

Please PRINT how you'd like your name to appear on your Staff Name Tag (professional nick-names only please):

Medical Information

Primary Care Physician _____ Tel _____

Date of Last Physical Examination ____/____/____ Date of last Tetanus shot ____/____/____

Have you and your physician ascertained that your immunizations are up to date? YES NO

Known allergies (if any) _____

Dietary restrictions (if any) _____

Please list all medications taken on a regular basis _____

List any chronic illnesses/disabilities _____

List any current medical concerns, special conditions, or restrictions _____

List any significant past medical treatments/surgeries _____

Emergency Information

Medical Insurance _____ Policy Number _____

Name of Emergency Contact Person _____ Relationship to You _____

Emergency Person Phone Number Home _____ Cell _____

Signature

Today's Date ____/____/____

The above information is true and accurate. Please sign above.

Today's Date ____/____/____

Parent/Guardian's Signature (if under 18 years of age)