

**BREWSTER DAY CAMP 2021**  
**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)*