

STAFF/ADULT APPLICATION/MEDICAL FORM

Calapooia Day Camp

July 25th - July 28th, 2005

PLEASE PRINT

Last Name _____	First Name _____
Address _____	City _____
Home Phone _____	Business Phone _____ Hours _____
Pack or Troop # (circle one) _____	Date of Birth _____

Local Emergency Contact #1 _____ Telephone _____
 Emergency Contact #2 _____ Telephone _____

MEDICAL INFORMATION

Allergy to any **MEDICATION, FOOD**, plant, animal, or insect toxin? If so, what? _____

Has difficulty with or subject to (*check if yes*):

- | | | | |
|-----------------------------------|--------------------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eyes, nose, ears throat | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Fainting spells |

Explain: _____

Any physical conditions that may affect or limit full participation in any activities: _____

List any prescription medications currently taking _____

Is your Tetanus/Td immunization current? _____

INSURANCE INFORMATION - NO EXCEPTIONS

(Participant **MUST** Be Covered)

Name of Physician _____ Telephone _____

Family Medical Insurance Company _____ Policy No. _____

Pack Accident Insurance Company _____ Policy No. _____

Special Activity Insurance (*If you have no other medical coverage, contact your den or pack leader to apply. When applying use form P-CC-4*)

Do you have First Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> CPR <input type="checkbox"/> Advanced First Aid <input type="checkbox"/> Paramedic <input type="checkbox"/> Doctor/Nurse Camp Staff Position _____ (If unsure, please leave blank) Indicate which days you will be attending camp: M T W TH	Adults who are full time staff, received training, and helped with the set up or tear down week ends will receive 1 free t-shirt. Adults may purchase a camp t- shirt for \$5 (supplies may be limited). # of T-shirts _____ Amount Enclosed \$ _____ Indicate T-Shirt Size: S M L XL XXL XXXL (adult sizes)
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The above health history is correct to the best of my knowledge and I authorize any medical attention necessary in case of emergency.

Signature _____ Date _____