Living Waters 47 Dark Cove Rd., Weston, P.O. Box 250, Danforth, Maine 04424
Phone: 207.448.2310 Fax: 207.448.3282 moreinfo@lwcamp.com www.lwcamp.com

Staff Health Record

Name ..... Sex: M ◯ F ◯

Address .....

City ..... State/Prov ..... Zip/Postal Code .....

Age ..... Date of Birth (m/d/y) ..... Parents .....

Parent's Home Phone ..... Parent's Work Phone .....

In Emergency Contact ..... Relationship .....

Home Phone ..... Work Phone .....

Does Staff Member have any physical limitations? Yes ◯ No ◯ (If yes, please explain)

.....

.....

.....

Health History - Has the Staff Member had any of the following: (indicate all that apply)

Chicken Pox ◯ Measles ◯ Mumps ◯ Appendectomy ◯ Frequent Colds ◯

Does the Staff Member have problems with any of the following: Heart ◯ Ears ◯ Skin ◯ Hernia ◯ Diabetes ◯

Seizures ◯ Headaches ◯ ADD ◯ Stomach: Indigestion ◯ Nausea/Vomiting ◯ Lungs: Hay Fever ◯ Asthma ◯

Allergies (Please List) Reaction Degree (severe, moderate, mild)

1. .....

2. .....

3. .....

Last Tetanus Immunization: ..... (please be sure this is up-to-date before camp)

Please provide us with any other health information about the Staff Member that would be helpful.

.....

.....

Medications: All medications other than those needed on an immediate basis by the Staff Member will be kept in the possession of the camp nurse. Please send medications in their original container (i.e., prescription bottle). Please list all medications currently used by the Staff Member.

Medication Dose Time(s) of day

1. .....

2. .....

3. .....

Emergency Care Authorization: In the case of an emergency, I understand that every effort will be made to contact parents or guardians of staff. In the event that I cannot be reached or in the urgency of circumstances makes it necessary, I hereby give permission to the physician selected by the camp director or his designee to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above.

Signature: .....

Date: .....

Relationship to camper: .....

Insurance Company: .....

Policy #: .....

Child's Physician: .....

Phone # .....