



# STAFF HEALTH HISTORY RECORD

## SUMMER GAMES CAMP

**Instructions:** Adult staff, the following information is requested so that Summer Games Camp can better meet your physical, intellectual, and emotional needs. **No adult staff will be admitted to camp without this form.** Fill out the information requested. (Use the back of this form if additional space is required.) When completed, please submit to *Aliecia Zygałdo 43964 Elm Dr, Sterling Heights MI 48313*.

Last Name	First Name	M.I.	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth
Home Address			Home Phone		
City	State	Zip	Cell Phone		
Emergency Contact's Last Name	First Name	M.I.	Relationship	Emergency Phone	
Emergency Contact's Home Address		City	State	Zip	
Family Health Insurance Co.	Contract #	Plan Code		Group #	

**\*ATTACH PHOTOCOPY OF INSURANCE CARD**

**Check the following:** (Explain problem areas identified below on the back of this form including any current infectious diseases)

Are you having any of the problems listed below?		Yes	No	Yes	No
1. Hay fever, asthma, or wheezing?		<input type="checkbox"/>	<input type="checkbox"/>	7. Trouble with passing urine or bowel movements?	
2. Eczema or frequent skin rashes?		<input type="checkbox"/>	<input type="checkbox"/>	8. Shortness of breath?	
3. Convulsions/seizures?		<input type="checkbox"/>	<input type="checkbox"/>	9. Speech problems?	
4. Heart trouble?		<input type="checkbox"/>	<input type="checkbox"/>	10. Menstrual problems?	
5. Diabetes?		<input type="checkbox"/>	<input type="checkbox"/>	11. Dental problems?	
6. Frequent colds, sore throats, earaches?		<input type="checkbox"/>	<input type="checkbox"/>	12. Other? (Please detail on the back of this form)	

Operations or injuries: \_\_\_\_\_

Explain any special health, behavioral or emotional consideration(s): \_\_\_\_\_

**Medications:** needed or used (including Psychiatric)

Name:	Frequency:	Dosage	Take at camp? (yes/no)

Special conditions to watch for such as ALLERGIES (reactions to food, penicillin, other drugs), bedwetting, fainting, sleepwalking, etc.: \_\_\_\_\_

Should your activity be restricted because of any physical limitation or illness?  Yes  No If yes, please explain degree of restriction on back.

**Immunizations:** Are your immunizations up to date?  Yes  No

<input type="checkbox"/> <b>Medical Emergency Care Authorization:</b> I hereby give permission to Summer Games Camp Inc. to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, while I am attending camp. By signing below, I authorize care.	<input type="checkbox"/> <b>For Religious Exemption:</b> I object to consent receipt of emergency medical or surgical treatment, by signing below I attest that I am in good health, and I assume the health responsibility for myself.
I certify that this information is true to the best of my knowledge.	
Authorized Person's Signature: _____ Date: _____	

## **ADDITIONAL MEDICAL INFORMATION:**

A physical examination by a physician is **not required**. If you have had a physical within the past 12 months, you may attach a copy to this form.

**Use this area for additional information from the front of this form:**

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**CONFIDENTIAL GUIDANCE FOR CAMP STAFF:** Please write below anything that might help the camp staff such as a change in the family (new baby, death, re-marriage, divorce, re-location, illness, etc.) or anything you feel is affecting your child physical or mental health either positively or negatively. Include how you feel your child is affected in his/her relationship with others. The more we know about you, the more helpful we can be.