

RIVER OF LIFE BIBLE CAMP
PO Box 726
Howland, ME 04448
(207) 732-4492
www.rolbc.org

STAFF HEALTH FORM
2011

NAME _____ SEX _____ AGE _____
ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____ HOME PHONE _____ CELL PHONE _____

HEALTH HISTORY

Please check all that pertain whether past or present. Indicate year of last occurrence.

____ Heart Condition	____ Shortness of Breath	____ Sleep Disturbances
____ Stomach Problems	____ Fainting	____ Fever
____ Asthma	____ Epilepsy	
____ Kidney Trouble	____ Diabetes	

Surgery: _____

Serious injuries or illnesses: _____

Have you ever had allergic reactions to: *(please mark Y or N)*

____ Bee stings ____ Medication _____

Other _____

Have you ever had a polio vaccine? _____ Date of last tetanus shot _____

Will you be taking any medication daily? _____ Name of medication _____

For what reason? _____

Prescribing physician: _____ Telephone: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY _____

Home phone: _____ Alternate phone: _____

HEALTH INSURANCE

INSURANCE COMPANY NAME: _____

Policy Number: _____

Subscriber's Name: _____

Please check any that apply:

- Basic First-Aid Certification
- Cardio-pulmonary Resuscitation (CPR) Certification

IN CASE OF MEDICAL OR SURGICAL EMERGENCY, I give permission for a physician to give proper treatment, including hospitalization, injections, anesthesia, or surgery. In doing so, I am releasing River of Life Bible Camp from all legal responsibility while I am involved as a volunteer. I also give permission to the camp nurse to dispense over the counter medicines as needed.

Date: _____ Signature: _____

(Parent or guardian signature if 18 years of age or younger)

THIS FORM MUST BE SUBMITTED TO THE NURSE UPON YOUR ARRIVAL! THANK YOU!