CAMP DATES: June 26-30, 2017
Michigan FWB Youth Camp
Church Name_____

EMERGENCY NUMBERS
Name: _____ Home ( ) _____
Name: _____ Work ( ) _____
Name: _____ Other ( ) _____

WORKER'S HEALTH FORM

Michigan State Association of Free Will Baptists

Last_____First_____Middle_____

Address: _____City: _____State: ____Zip:_____

Phone Number: ( ) _____Birth date: _____/_____/_____Age: _____ Sex: _____

Email Address: _____

Name of Emergency Contact:_____ Relationship _____
Phone # ( ) _____

HEALTH HISTORY:

Drug Reactions: _____
Other allergies/reactions: _____
Special Diet: _____
Special Health/Behavior Needs/Physical Limitations: _____
_____
Current or Recent Exposure to Contagious/Infectious Disease: _____
Date of last Tetanus: _____

MEDICATIONS:

Drug	Purpose	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

*All prescribed medications shall be labeled with licensed pharmacy and name of pharmacy, name of camper, name and strength of medication, directions for use, and name of doctor prescribing medication. It should be in its original container and placed in a zip lock bag.

INSURANCE INFORMATION: _____

Family Medical Insurance Carrier

_____

Policy Number Phone Number

FAMILY DOCTOR:
Family Doctor's Name: _____Phone # ( ) _____

PLEASE COMPLETE BACK

CONSENT FOR MEDICAL TREATMENT (WORKER)

I hereby give consent in advance to the Camp Director, Program Director or Camp Health Officer of Michigan State Association of Free Will Baptists and to the physicians or hospital selected by them to render first aid treatment, as in their judgment, is reasonably necessary, but not limited to: hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia, and surgery for _____ (Worker's Name). I understand that the Camp Director, Program Director, or Camp Health Officer will attempt to notify my Emergency Contact before securing medical treatment in the event that I am unable to make a decision. I release the Michigan State Association of Free Will Baptist Camp leaders and staff from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

_____

Signature ***(MUST BE SIGNED)*** *Date*

_____

Witness Signature ***(MUST BE SIGNED)*** *Date*