

# GIRL SCOUTS OF MIDDLE TENNESSEE 2012 STAFF SUMMER CAMP HEALTH FORM

Please complete entire form. Summer camp staff must have a physical examination within 24 months of the camp sessions' date. Return to Girl Scouts of Middle Tennessee; 4522 Granny White Pike; Nashville, Tennessee 37204

## STAFF INFORMATION

Staff name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

## INSURANCE INFORMATION

Name of insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Insurance address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Contact 1 name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Contact 2 name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

## HEALTH HISTORY (CHECK ALL THAT APPLY)

Please describe conditions and give dates (attach an additional sheet if necessary). **ATTACH RECORD OF IMMUNIZATION**

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

Hospitalizations: \_\_\_\_\_

Describe any past illness or disability that might limit your activity or any specific activities to be restricted: \_\_\_\_\_

Please check any of the following that apply to you:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Fainting                  | <i>Diseases</i>                         | <i>Allergies</i>                               | <i>Chronic or Recurring Illness</i>               |
| <input type="checkbox"/> Constipation              | <input type="checkbox"/> Chicken pox    | <input type="checkbox"/> Animals               | <input type="checkbox"/> Ear infections           |
| <input type="checkbox"/> Nosebleeds                | <input type="checkbox"/> Measles        | <input type="checkbox"/> Food _____            | <input type="checkbox"/> Heart defect/disease     |
| <input type="checkbox"/> Wears contacts/glasses    | <input type="checkbox"/> German measles | _____  | <input type="checkbox"/> Seizures                 |
| <input type="checkbox"/> Hearing impairment        | <input type="checkbox"/> Mumps          | <input type="checkbox"/> Hay fever             | <input type="checkbox"/> Bleeding disorder        |
| <input type="checkbox"/> Sleep disturbances        |   | <input type="checkbox"/> Insects               | <input type="checkbox"/> Asthma                   |
| <input type="checkbox"/> Emotional/social disorder |   | <input type="checkbox"/> Medicine/drug _____   | <input type="checkbox"/> Hypertension             |
|  |   | _____  | <input type="checkbox"/> Diabetes                 |
|  |   | <input type="checkbox"/> Plants                | <input type="checkbox"/> Musculoskeletal disorder |
|  |   | <input type="checkbox"/> Pollen                | <input type="checkbox"/> Other (specify) _____    |
|  |   | <input type="checkbox"/> Other (specify) _____ | _____   |
|  |   | _____  |   |

Explain all items checked above: \_\_\_\_\_

**NUTRITION**

I eat a regular varied diet and I am prepared to eat a variety of foods while at camp.

I am a vegetarian of this type:

Semi-vegetarian (no pork or beef)

Pesco (no pork , beef, or chicken)

Vegan (no meat, eggs, or dairy)

Lacto-ovo (no beef, pork, chicken, seafood or fish)

I am lactose-intolerant. (Be prepared to manage your intolerance using products such as Lactaid or food avoidance.)

I have other dietary needs: \_\_\_\_\_

Describe and give specific instructions on allergies, medical conditions, emotional conditions and nutritional choice we should be aware of in the interest of your safety: \_\_\_\_\_

Describe personal experience(s) you have dealt with in the past year which may affect your camp experience such as death of a relative or close friend, divorce, school problem, loss of pet, etc.): \_\_\_\_\_

**LICENSED PHYSICIAN'S HEALTH EXAMINATION**

Licensed physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of examination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood pressure: \_\_\_\_\_

Appearance (nutrition)

Throat

General physical status

Eyes

Heart

General emotional status

Ears

Lungs

Nose

Abdomen

**MEDICATION**

I will not take daily medication while at camp.

I will take the following medication while at camp (please use additional sheet if necessary):

List medication name

Reason

Dosage

Licensed physician's comments and recommendations (give details or indicate management of significant illness): \_\_\_\_\_

This person is in satisfactory condition and may engage in all usual activities except as noted above.

Licensed physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the above information will be shared only with the camp administration. The camp administration will make every effort to protect personal health information and will only disclose such information to health care professionals providing treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This health history is correct and I may engage in all prescribed activities, except as noted by me and the licensed physicians. Girl Scouts of Middle Tennessee has my permission to treat and/or transport me to the hospital or doctor for medical treatment should there be an illness or injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to Girl Scouts of Middle Tennessee or its designee taking photographs, digital images, film, video and/or audio recordings of me and authorize Girl Scouts of Middle Tennessee and their assignees or successors to use them in telling the Girl Scout story. This may include use in Girl Scouts of Middle Tennessee or GSUSA publications, websites, events and print and electronic media. Furthermore, I agree and consent that such photographs, digital images, film, video and/or audio recordings shall be the property of Girl Scouts of Middle Tennessee, which has the right to duplicate, reproduce and make other uses of the images/recordings in the best interest of Girl Scouting and Girl Scouts of Middle Tennessee, free and clear of any claim whatsoever from me. If I wish to change this current agreement, I understand I must notify Girl Scouts of Middle Tennessee in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_