

**Staff Health Information**    **FIRST NAME:** \_\_\_\_\_    **LAST NAME:** \_\_\_\_\_

**Personal characteristics:**

Height	Weight	Hair	Eyes	Race
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Allergies to medicines or foods: \_\_\_\_\_

Describe any special healthcare needs: \_\_\_\_\_

**I am being treated for, or may have problems with (please circle all that apply & attach an explanation if needed):**

Heart   Tonsils   Hay Fever   Ears   Hernia   Sinuses   Diabetes   Skin Problems   Asthma/Breathing   [ ] - Other (explain)

[ ] See attached notes / documents    **SPECIAL CARE:** [ ]-Contacts [ ]-Glasses [ ]-Braces [ ]-Retainer [ ]-Other

All medications must be checked in with the Camp Nurse, who will administer the prescribed dose / frequency. You will receive a form to list medications and dosages. This is to be given to the nurse at registration with all medications in a zip-lock bag. **Prescription drugs must be in their original labeled containers.** Over the counter medications (vitamins, minerals, etc) must be in their original bottle with complete instructions for use. Asthmatic campers may keep their inhalers - you may choose to bring a backup inhaler to leave with the nurse. Topical creams, eye drops or ear drops may be kept in the cabin. **If you have a special need, please attach a note that explains this in detail.**

**PARENT/STAFF HEALTHCARE AGREEMENT (READ CAREFULLY BEFORE YOU SIGN)**

I give permission for the Health Counselor (RN, LPN, Medic) to administer any of the following over-the-counter medications or a generic equivalent (**except those I have put a line through**):

- For Pain / Fever:** Acetaminophen (Tylenol)    Ibuprofen (Motrin)    Aspirin
- Topical:** Antibiotic Ointment (Neosporin, Bacitracin, Polymixin)    Benadryl    Calamine
- Campho-phenique    Benzocaine (tooth drops)    Hydrocortisone    Wax (for braces)
- Antihistamine:** Benadryl    Triaminic    Neosynephrine    Afrin    Dimetapp    Sudafed
- Expectorant:** Robitussin    Mucinex
- Eye Care:** Artificial Tears    Wetting Drops    Visine/Murine
- Gastrointestinal:** Emetrol    Imodium    Pepto-Bismol    Antacids (i.e. Tums, Mylanta, or Maalox)
- Metamucil/Citrucel    laxative / stool softener of choice
- Fungus:** Lotrimin    tolnaftate    clotrimazole
- Sore Throat:** Cloraseptic    Zinc    **Swimmer's Ear:** Swimmer's Ear Drops
- Lice:** "Rid" (Generic: Permethrin)    **\*\*\*Please check your camper for lice before arrival\*\*\***

**Please attach copy of insurance card (both sides). The parent/guardian is responsible to provide adequate medical insurance and will be responsible for any and all medical bills incurred due to emergency care.** A qualified nurse or paramedic on the campgrounds will provide First Aid, and if necessary, staff members will receive professional medical care at Leesburg Regional Medical Center, which has a fully staffed emergency room and an urgent care walk-in clinic. PARENTS WILL BE CALLED FOR APPROVAL if the staff member is under 18 or if they are included on their parent's health insurance.

**The following is understood and agreed to by the staff member and their parent or guardian (if under age 18):**

- The staff member applying to Camp Horizon is in good physical and emotional health and amenable to normal Camp authority and discipline.
- The parent/guardian signing below is in legal custody of the minor staff member and is legally responsible for payment of the fees or other healthcare expenses incurred by the staff member. Conditions of custody, if applicable, will be fully communicated to Camp Horizon.
- Camp Horizon is empowered to obtain emergency or urgent medical treatment if necessary. All expenses are the parent's (or adult staff's) responsibility.

**WATER-SKI / TUBING CONSENT (Minors Only)**

I/We, the parent or legal guardian of \_\_\_\_\_ (name of staff under age 18) and the named staff member acknowledge that there are certain inherent risks associated with the sport of water-skiing and that we accept the consequences of those inherent risks. Further, we understand that the named minor must observe and obey the camp rules pertaining thereto and agree not to act in a reckless manner while participating. I/We give our consent for the named minor to participate in the water-ski program of Camp Horizon

- MY CHILD DOES HAVE PERMISSION TO WATERSKI --[\_\_\_\_\_]
- MY CHILD DOES NOT HAVE PERMISSION TO WATERSKI -----[\_\_\_\_\_]

**Please initial only one of these lines.**

Signature of <b>Staff Member</b> signifies agreement with the statements above.	Date	<b>BOTH The Staff Member AND a Parent / Guardian MUST SIGN (if under age 18)</b>
Signature of <b>PARENT</b> or <b>GUARDIAN</b> signifies agreement with the statements above.	Date	

ID CODE \_\_\_\_\_

**ID CODE:** Please provide a code for identification verification purposes so that we know it is you if we get a phone call.

Ski agreement is for the entire summer program including weeks of service on staff as well as camper weeks. Campers who serve on staff at any time during the summer remain under their staff agreement to follow the rules of Camp Horizon. You do **not** need to complete the camper health form in addition to this one.