

# Branch Adventures Staff Health Form

<b>Name: Last</b> _____	<b>First</b> _____	<b>MI</b> _____	<b>DOB</b> _____
<b>Address:</b> _____	<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Home Phone:</b> _____	<b>Cell</b> _____	<b>Work</b> _____	
<b>Emergency Contact Person: 1.</b> _____	<b>Phone</b> _____		
<b>T Shirt Size</b> S M L XL 2X 3X <b>2.</b> _____	<b>Phone</b> _____		
<b>Email</b> _____	<b>My address has changed in the last 12 months: Y N</b>		
<b>Maiden name</b> _____			

Medical/Health Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_

Medical History: \_\_\_\_\_

Medicine currently taking (prescription or other): \_\_\_\_\_

Allergies to medication, foods, or other: \_\_\_\_\_

Any current infectious diseases: \_\_\_\_\_

Immunization Status: \_\_\_\_\_

List any special needs, limitations, or adaptations you have, either physical or behavioral, that we can help with in order for you to participate in all aspects of camp life: \_\_\_\_\_

I, \_\_\_\_\_, am 18 years or older and volunteering at Branch Adventures. I state that I am in good health. I authorize the Branch Adventures staff to consent medical or dental care or both for me if I am incapacitated and my emergency contact is not available. I grant their authority to include administering and authorizing routine medical care, any x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care under the supervision and upon the advice of a physician and surgeon licensed for medical practice. I will not hold Branch Adventures responsible for any injury and will take care of all medical costs.

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

I give Branch Adventures permission to use photos or likeness of myself for their promotional use.

Yes No

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