

Branch Adventures Youth Staff Health Form (under 18)

Name: Last _____	First _____	MI _____	DOB _____	Age _____
Address: _____	City _____	State _____	Zip _____	
Home Phone: _____	Cell _____	Email _____		
Emergency Contact Person: 1. _____	Phone _____			
T Shirt Size S M L XL 2X	2. _____	Phone _____		

Medical/Health Insurance Company: _____

Policy Holder Name _____ Policy Number _____

Medical History: _____

Medication taken by my child (prescription or other) _____

Medicine to be given during Camp hours (prescription or other) use back if needed

Time _____ Name of Medication _____ Dosage _____

Time _____ Name of Medication _____ Dosage _____

All medications must be in their original containers and turned in to the Health Officer

Allergies to medication, foods, or other: _____

Any current infectious diseases: _____

Immunization Status: _____

List any special needs, limitations, or adaptations your child has, either physical or behavioral, that we can help with in order for them to participate in all aspects of camp life: _____

I, _____, am the parent or legal guardian of _____

My child is volunteering at Branch Adventures. I state that my child is in good health and that all the information on this form is true to the best of my knowledge. I take all responsibility for the health of my child. I authorize the Branch Adventures staff to consent medical or dental care or both for my child if emergency contacts can not be reached. 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 for my child. I further authorize the Branch Adventures staff to receive physical custody of my child upon completion of any treatment. I will not hold Branch Adventures responsible for any injury to my child and will take care of all medical costs.

I give Branch Adventures permission to use photos or likeness of my child for their promotional use. YES NO

Parent/Guardian Signature _____ Date _____

Signature of Youth _____ Date _____