

BREEZEMONT DAY CAMP, INC.
MEDICAL HISTORY OF STAFF MEMBERS - CONFIDENTIAL

Do You Have Or Did You Have A History Of:

- | | | |
|---|----------|---------|
| 1. Heart Disease | Yes_____ | No_____ |
| 2. Asthma | Yes_____ | No_____ |
| 3. Diabetes | Yes_____ | No_____ |
| 4. Epilepsy | Yes_____ | No_____ |
| 5. Allergy To Food Or Medications | Yes_____ | No_____ |
| 6. High Blood Pressure | Yes_____ | No_____ |
| 7. Any Other Ailment That Requires The Daily Use Of Medication? | Yes_____ | No_____ |
| 8. Any Other Ailment that Requires You To Be Seen By A Physician Every Six (6) Months Or More Frequently? | Yes_____ | No_____ |
| 9. Any Other Ailment That Restricts Your Physical Activity? | Yes_____ | No_____ |

If you answered “Yes” to ***any*** of the above questions, please explain ***in detail*** on the back of this form. This form is to be completed by each individual staff member.

This signature will also give staff person permission to take “over-the-counter” medications such as Tylenol, Pepto-Bismol, Etc., if they request it from the camp nurse.

I, _____ (Print Name) am in generally good health and will physically be able to carry out my duties as _____ (Print Position) for Breezemont Day Camp, Inc. for the Summer of 2008.

Date _____ Signature _____

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KI PERMISSION

If staff person is under 18 years of age, a parent or guardian MUST also sign this form.
In the event of a nuclear accident or emergency where radioactive iodine is released into the air which is likely to affect the staff member while he/she is at camp, I hereby give permission to persons (including non-medical personnel) selected by the camp to dispense potassium iodide (KI) pills to the staff member if recommended by federal, state or local authorities for the public to take at that time in our area and in dosages as so recommended or as recommended by the manufacturer of the KI pills to be dispensed by us.

Date _____ Signature _____

Date _____

Signature of Parent/Guardian _____