

Jr. Staff Medical History/Consent

Name of Staff member: _____

EMERGENCY CONTACT		
Parent #1	Name: _____	
Home Phone: (____) _____ - _____	Work Phone: (____) _____ - _____	Cell: (____) _____ - _____
Parent #2	Name: _____	
Home Phone: (____) _____ - _____	Work Phone: (____) _____ - _____	Cell: (____) _____ - _____
If parent cannot be reached in an emergency, notify: _____		
Home Phone: () -	Work Phone: () -	Cell: () -

ALLERGIES

Please list all known allergies. Describe allergy (food, medicine, environmental, etc.), reaction to allergen, and management of reaction: _____

Vegetarian meals Vegan meals Other: _____

MEDICATION

Please list all medications (including over the counter or nonprescription drugs) taken routinely.

Med #1: _____	Dosage: _____	Specific times taken each day: _____
Reason for Taking: _____		
Med #2: _____	Dosage: _____	Specific times taken each day: _____
Reason for Taking : _____		
Med #3: _____	Dosage: _____	Specific times taken each day: _____
Reason for Taking: _____		
Identify medications taken during the school year that participant does not take during the summer: _____		

INSURANCE

Are you covered by medical/hospital insurance?: Yes No

If yes, carrier or plan name: _____ Group #: _____

Please attach a photocopy of health insurance card.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to Sangre de Cristo Youth Ranch (SCYR) staff to provide routine and emergency health care, and administer prescribed medications. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to SCYR staff to arrange necessary related transportation, and hospitalization for my child. I hereby give permission to the physician(s) selected by SCYR staff to administer necessary treatment, including hospitalization, medications, diagnostic tests, anesthesia, and surgery for my child named above.

Parent/Guardian Signature: _____ Date: ____/____/____