

PINE SPRINGS RANCH STAFF MEDICAL ADDENDUM

Name:

Phone at camp:

Home Address (include street, city, state and zip):

Date of Birth:

Emergency Contact Person and Phone Number of person not at camp:

Immunizations: Last Tetanus (Td or Tdap) shot? _____ or Exempt? _____

 Last flu vaccination: _____ or Exempt? _____

 Hepatitis B: _____ or Exempt? _____

If Exempt an additional form will need to be filled out and turned in with this form

Allergies: (Please list ALL including food and plants and what happens) (e.g. Penicillin=get hives or Allergy to Dairy=get diarrhea)

Do you have an EPI Pen/Device or inhaler? If yes, please list which one and reason why you need it:

Additional Medical information that a provider would need to know about your medical history:

I hereby give Pine Springs Ranch Medical team permission to provide routine health care (which includes over the counter medications, first aid on minor cuts, sprains, bruises, etc.) administer prescription medication if necessary and seek emergency treatment as needed. In case of emergency, I hereby give permission to the physician selected by an adult representative at PSR to secure proper treatment for myself including but not limited to: ordering injections, x-rays, hospitalization, anesthesia, and/or surgery.

Staff Signature (Parent if under 18)

Date of Employment