

## SUMMER STAFF EMERGENCY INFORMATION & MEDICAL INFORMATION

Name		Date of Birth	Age at Start of Camp
Mailing Address			
Telephone Number		Email Address	
In Case of Emergency, Notify (Primary)		Relationship	Primary Contact Phone Number
In Case of Emergency, Notify (Secondary)		Relationship	Primary Contact Phone Number
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Job Title	Have you paid the occupational privilege tax elsewhere? <input type="checkbox"/> N <input type="checkbox"/> Y If Yes, what municipality? _____	
List Any Known Allergies (including medications)			
List Any Chronic or Recurring Illnesses (including any psychological disorders)			
List Any Medications You Are Taking on a Regular Basis (behind and over the counter)			

Notes from Nurse: