

CAMP SONRISE MOUNTAIN

Staff Medical Information Form

Please print in ink all the requested information on both sides of the application. This form will be on file at the camp in case you are injured and not able to provide information. Those serving more than one week need only complete one form.

Name _____ Date _____

Address _____

City/State/Zip _____

Phone (____) _____ Sex: ___ Male ___ Female Date of Birth _____

Allergic to anything? ___ Yes ___ No

If yes, list:

Food _____

Medication _____

Other _____

Will be taking medication at camp? ___ Yes ___ No

If yes, complete:

Dosage and time to be taken: _____

Reason for taking: _____

List other known medical conditions:

Person to notify in case of emergency:

Name _____ Relationship _____

Address _____

City/State/Zip _____

Phone (____) _____

Dr's name _____

Dr's phone # _____

This box must be completed for all staff members under the age of 18.

I hereby certify that to the best of my knowledge the above information is correct and that my child is in good physical condition with no organic weaknesses or other problems, other than what I have noted, which would make it unsafe for him/her to engage in athletic games. In the event there is any change in the above medical information between now and the day my child goes to camp, I will notify the registrar. I hereby release the camp management and directors in charge from all responsibility of sickness and accidents occurring during camp.

I hereby give the Camp Management permission to have my child treated by a medical doctor or at a hospital in case of needed emergency treatment.

Signature of
Parent or Guardian _____

Address _____

Phone (____) _____

Signature of Applicant _____

Please include a copy of your immunization record with proof of current tetanus and TB test results.

Enclosed with this application should be:

- € **Copy of a photo ID**
- € **Copy of immunization record (if under the age of 18)**

Please mail all the above information to:

**Staff Information
c/o Camp Sunrise Mountain
490 Caney Valley Road
Markleysburg, PA 15459**