

# 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**