

MEDICAL EMERGENCY FORM 2010

Name _____
(Last) (First) (Middle)
Birthdate ____ / ____ / ____ Age ____ Male Female
Height ____ Weight ____ T-Shirt Size ____ Social Security # ____
Father's Name _____
Phone (____) _____ Cell (____) _____
Address _____
(Street) (City) (St) (Zip)
Mother's Name _____
Phone (____) _____ Cell (____) _____
Address _____
(if different from above) (Street) (City) (St) (Zip)

IF PARENTS ARE UNAVAILABLE IN CASE OF EMERGENCY NOTIFY:
Name _____
Phone (____) _____ Cell (____) _____
Address _____
(Street) (City) (St) (Zip)
Relationship _____

Provided that Dry Gulch USA provides reasonable accommodation of any known physical disabilities which you may have, are you able to perform the essential functions of the job(s) for which you are applying?
 Yes No

Please make sure to carry an insurance card with you and submit a copy to the camp office

To the best of my knowledge, this health history is correct. The person listed below has permission to work at Dry Gulch, USA and to engage in all activities except as noted. I hereby authorize the executive staff or designated medical professionals at any designated medical facility to administer emergency medical assistance, including all services deemed necessary, if I cannot be reached. I accept responsibility for payment incurred as a result of medical treatment.

Employee Name _____

Employee Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____
(if employee under 18)