

Camp Mak-A-Dream Summer Staff Medical Information Form 2024

Please complete this form with as much information as possible.

Your First & Last Name: _____

Camp strongly supports vaccination for staff & volunteers for the safety of the camp community.

Have you ever had chicken pox? Yes No If yes, when? _____
If no, have you had a titer drawn? Yes No What were the results _____

Date of last tetanus booster: _____

Are your immunization up to date? Yes No (Up to date means: age-appropriate vaccinations including MMR, DTaP or Tdap, Varicella or titer test and TB, plus seasonal flu, COVID-19 vaccines)

The following information must be completed & returned to Camp Mak-A-Dream prior to your arrival.

Current medical conditions/problems
(headaches, asthma, seizures, etc.)
or those that have required emergency
medication(s) in the past:

Significant medical history
(surgery, injuries, serious illness, etc.):

Do you have any mental health needs
that would prohibit you from fulfilling
your duties at Camp? If yes, please explain:

Please list any and all allergies:

Are you at risk of anaphylaxis due to the allergy?
If anaphylaxis, are you bringing an epi-pen?

List any physical restrictions (chronic,
acute and/or general) or limitations that
would preclude you from participating in
or assisting with camp activities:

List any medications taken regularly
(including over the counter):

Doctor's Name: _____ Phone number: _____

Do you have medical insurance? Yes No If yes, insurance company's name: _____

Policy number: _____

Policy holder's name (if other than your own): _____ Group number (if applicable): _____

Emergency Contact Name: _____ Relationship to you: _____ Phone # _____

2nd Emergency Contact Name: _____ Relationship to you: _____ Phone # _____

X _____
Staff Typed Signature

Date