



# Northland FCBC 2011 Summer Camp Staff Medical Form

**\*If you have attended our camp previously and have a medical form on file, it is not necessary to complete this unless there is new information.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

Please complete this form and return with your staff application. All information will be turned over to the camp nurse **and kept confidential**.

PERSONAL / FAMILY PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S: Address \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL INSURANCE: Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## MEDICAL INFORMATION / HISTORY:

(Please provide information you feel is necessary for any medical treatment in case of emergency)

1. Specify any chronic or long-term illness: \_\_\_\_\_

2. Relevant surgeries or serious injuries: \_\_\_\_\_

3. Tetanus Shot – Date last received: \_\_\_\_\_

4. Restrictions: Any activity? \_\_\_\_\_

5. Allergies (food, medication, pollen, etc.): \_\_\_\_\_

8. Medications: Are you bringing any to camp? \_\_\_\_\_  
If so, will you be keeping it and self-medicating, or need the nurse to do so? \_\_\_\_\_

## NOTES FOR THE CAMP NURSE:

---

In the event of an emergency, I hereby give permission for the officials of Northland Camp to drive me to a medical clinic or hospital to receive treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

**Please return this with your staff application to:  
Rick Lanning, 6567 Bluebird Dr, Maple Grove, MN 55369**