West Bank Bible Camp
Things We Need to Know ☺

Staff/SIT Medical Information

Name:_____Gender M / F Birth Date: ___/___/___
dd mm yy

Parents Name: _____
Phone:_____(H)_____(C)_____(W)
Phone:_____(H)_____(C)_____(W)
Camp Dates:_____, 2011

In Case of Emergency and Parents can not be Contacted

Health Services #: _____ Province:_____

Other Health Insurance:_____ Company:_____

Doctor's Name:_____ Phone:_____

If Parent/Guardian is unavailable, Contact:_____

Relationship:_____ Phone: (H)_____ (W)_____

Medical Information

1. Please disclose all medical or health conditions and allergies of which Camp staff should be aware of _____
   _____
   _____
   _____
   _____

2. Please list all current medications **and the condition they treat**.
   _____
   _____
   _____
   _____
   If this changes by the time you come to camp please inform the camp nurse upon arrival. All staff medication must be left with the nurse/first aid personnel. For the safety of the campers all medication must be turned in.

3. Are your immunizations up to date?__ Y __ N

I, _____ on behalf of the Staff_____
Print name of Parent/Guardian of minor aged staff Print Staff Name

Hereby release West Bank Bible Camp, its agents, members, volunteers, and employees, and hold them harmless from any and all liability for any accident, injury or any claim arising out of the said Staff's use of West Bank Bible Camp or any of it's facilities, or by virtue of participation in any of its programs. In case of emergency, I understand every effort will be made to contact me. In the event that I can not be reached, I hereby authorize the Executive Director and/or Camp staff to secure medical advice and services as may be deemed necessary for the health and safety of this staff.

_____ _____
Signature of Parent/Guardian of Minor aged Staff Date (dd/mm/yy)