

CREATIVE SUMMER COUNSELOR HEALTH FORM

COUNSELORS/CITs UNDER AGE 18

Holton-Arms School 7303 River Road Bethesda, MD 20817 301-365-6003

ALL ENCLOSED FORMS ARE AVAILABLE ONLINE WWW.HOLTONCREATIVESUMMER.ORG

Health Form – This form must be completed by a parent or guardian of counselors under the age of 18 and returned with your contract. If any areas do not pertain, please write N/A. No fields may be left blank.

Counselor Name: _____ Birth Date: _____
Parent/Guardian #1 Name: _____ Daytime Phone: _____
Parent/Guardian #2 Name: _____ Daytime Phone: _____
Emergency Contact
(other than Parent/Guardian): _____ Daytime Phone: _____
Physician Name: _____ Phone Number: _____

HEALTH INFORMATION

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO YES

If YES, please explain:

Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware? NO YES

If YES, please explain:

Date of Last Tetanus (Tdap) Shot (Month/Year): _____

IMMUNIZATION INFORMATION

State/territory in which Counselor/CIT resides:

For staff members/volunteers who currently reside **within** the United States, a United States territory, or the District of Columbia: Are you **exempt** from any Immunizations? NO

YES, List _____ If yes, attach **MDH-896**:

For staff members/volunteers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form **MDH-896**.

PRESCRIPTION MEDICATIONS / EPIPENS – Submit Medication Administration Authorization – **contact the Creative Summer office for a copy of this form.**

APPROVAL FOR OVER-THE-COUNTER MEDICATIONS – Submit Over the Counter Medication Authorization – **contact the Creative Summer office for a copy of this form.**

In case of emergency and/or when neither parent nor emergency contact can be reached by telephone, I give the Camp Director or, in his/her absence, to a designee, permission to arrange transport to a hospital emergency room for EMERGENCY TREATMENT of illness or injury, and legal authority to consent to such emergency medical treatment for this individual.

I give the Camp Nurse and/or Camp Director permission to contact the counselor's medical providers to exchange pertinent health information as allowed by HIPAA.

Signature of Parent or Guardian

Date