



*Summer Staff*  
**Medical Form and Health Record**

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ Age as of September 1, 2023 \_\_\_\_  
Birthdate \_\_\_\_\_

Permanent Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

If Parent/Guardian is not available in an emergency, notify:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Health History (Check if applies, explain below if necessary):

<input type="checkbox"/> Allergies	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Ivy Poisoning
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches	<input type="checkbox"/> Medications
<input type="checkbox"/> Bladder Control	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Special Diet

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_ Immunizations Complete (circle):  
Yes No

Operations in last 12 months \_\_\_\_\_

Medications/Restrictions \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Authorization:**

This health history is correct so far as I know. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the Physician selected by the Brethren Retreat to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_

Date \_\_\_\_\_