

2018 CVP STAFF MEDICAL PROFILE

Mail to: 554 McCallie Ave, Chattanooga, TN 37402

___ **I**
___ **R**

STAFF INFORMATION

Name: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ ☆ Date of last Tetanus shot: _____

EMERGENCY CONTACT

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relation to staff: _____

INSURANCE - include a copy of your insurance card

Name of Insured: _____

Employer: _____

Insured SS#: _____

Insurance Company: _____

Policy #: _____

Group #: _____

ALLERGIES

DRUGS	FOOD	OTHER

DOCTOR & IMMUNIZATION HISTORY

Doctor: _____ Doctor's Phone #: _____

Are Immunizations Current? _____ Date of Last Tetanus Shot: _____

MEDICAL CONDITION

	YES	NO		YES	NO
A chronic or recurring illness/condition?			Food allergies or restrictions?		
Recent Surgery?			Diabetes?		
Frequent headaches? Migraines?			Asthma?		
Frequent ear infections? Tubes?			Problems with sleepwalking?		
Heart murmur?			Other?		
Skin problems?					

If you answered "yes" to any of the above questions, please explain, noting the number of the question.

MEDICATION

List all medications that you will be taking

MEDICATION	DOSAGE	FREQUENCY	REASON FOR DRUG

DO NOT FORGET TO INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS FORM!

Camp Vesper Point Staff Liability Release Form

For participation in activities at Camp Vesper Point, I release, forever discharge and agree to hold harmless First Presbyterian Church, its trustees, officers, employees, agents, and any volunteers acting on its behalf, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the under-signed that occur while participating in any camp or camp-related activities.

I assume all-risk of personal injury, sickness, death, damage, and expense as a result of participation in camp or camp-related activities.

I agree to hold harmless and indemnify said church, its trustees, officers, employees, agents, and any volunteers acting on its behalf, for any liability and/or damages sustained by said church as the result of negligent, willful or intentional acts of said participant, including the expenses incurred attendant thereto.

If participant is under 18: I am responsible for this participant, and hereby grant permission for him/her to participate fully in said activities, and hereby give permission to said church, its trustees, officers, employees, agents, and any volunteers acting on its behalf to authorize and obtain emergency medical treatment for this participant. I assume the responsibility of all medical bills, if any.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I assume all transportation costs.

► *Staff are permitted to stay at camp on the weekends during the summer. Parents of minors need to know that from the time our staff sign out on Saturday and sign back in to work on Sunday, there is no supervision of staff. All staff are responsible for their own actions and safety. Parents who sign below will not hold camp responsible for their children when they are not working during the weekend.*

Print Name of Participant

Signature of Participant

If under 18, Print Name of Parent/Guardian

Signature of Parent/Guardian
