

STAFF MEMBERS NAME: \_\_\_\_\_

FCC Spoon Creek Chapter  
**RODEO BIBLE CAMP**  
STAFF HEALTH FORM

**Instruction to Staff:** In case of sickness or accident, fill out the following Health Form completely and accurately, as a precaution, for our nurse.

Staff Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

In Case of Accident or Injury contact:

Name/Address/Phone #: \_\_\_\_\_

Name/Address/Phone #: \_\_\_\_\_

Your Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of your Hospitalization Insurance Company: \_\_\_\_\_

Group or Policy #: \_\_\_\_\_

Please list any Prescription Medications that you will bring to camp: \_\_\_\_\_

Reasons for taking: \_\_\_\_\_

Do you have seizures: Yes No Most recent occurrence: \_\_\_\_\_

Have you ever been knocked unconscious or passed out? Yes No

If YES, when and how? \_\_\_\_\_

Give the date you last saw a physician: \_\_\_\_\_

Reason for the visit: \_\_\_\_\_

Year of last Tetanus Shot: \_\_\_\_\_

Check any Allergies: Hay Fever Poison Ivy Insect Sting Penicillin Asthma Other \_\_\_\_\_

Do you have a history of: Heart Problems YES NO Diabetes YES NO

List any other helpful medical information: \_\_\_\_\_