



Crescent Lake Bible Camp
2750 Bible Camp Road
Rhineland, WI 54501



Staff / Volunteer Health Record
(This form needs to be filled out every year.)

The information on this form is not part of the staff acceptance process, but is gathered to assist us in identifying appropriate care. The Health Record must be filled out by parents/guardians of minors or by adults themselves and updated annually. If further information is required, a Health Exam must be completed by licensed medical personnel no more than 12 months prior to participant's camp attendance. This form MUST be mailed to the Camp Office two weeks prior but not more than 6 months prior to attendance at camp.

Staff Name: _____ Date of Birth: _____ Age: _____

Parent's/Guardians Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Name of Health Insurance*: _____ Policy #: _____

Date of Last Tetanus Booster: _____ Gender: Female Male

In case of an emergency, if unable to reach parents, contact:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

*Note: It is the policy of Crescent Lake Bible Camp that all claims are submitted to the parent/guardian/individual's insurance first.

Please circle any of the following conditions and/or illnesses that apply to you. In the Comments section (on the next page) please explain to what degree the illness and/or condition currently affects you and if there is any way we can better accommodate your health needs.

Circle if you have ever had:

Chronic Ear Infections

Convulsions / Epileptic Seizures

Emotional Disorders

Heart Problems

Hepatitis / Tuberculosis

Serious Health Problems

Circle if you currently have:

Arthritis

Asthma / Respiratory Problems

Blood Disorders

Diabetes

Dietary Restrictions

Heart Disease (Please explain.)

Physical Disabilities

Sleepwalking

Special Needs

Other _____

Allergic To:

Bees

Food Allergies

Penicillin

Other Medications

Other Allergies

Please describe reaction(s): _____

