

Atlanta Workshop Players Camp "Destiny"

2010 Counselor/Staff Medical Form

Applicants: Please fill out & sign this form. Return the completed form to A.W.P. with your application.

Session(s) attending: #1 _____ (6/7-6/11), #2 _____ (6/7-6/11), #3 _____ (6/14-6/18), #4 _____ (6/21-6/25),
 #5 _____ (7/5-7/10), #6 _____ (7/11-7/16), #7 APS _____ (7/11-7/24)

Counselor/Staff Name _____ Birth Date _____ Gender _____
 Parent/Guardian(s) _____ Home Phone (____) _____
 Home Address _____ ST _____ ZIP _____

EMERGENCY INFORMATION: (Please complete)

Emergency Contact #1: Name: _____ Relationship: _____
 Home (____) _____ Work (____) _____ Cell (____) _____ Email _____
 Emergency Contact #2: Name: _____ Relationship: _____
 Home (____) _____ Work (____) _____ Cell (____) _____ Email _____
 Best # to reach someone in emergency: (____) _____ 2nd Best #: (____) _____

HEALTH HISTORY (Place a check by each if applicable and give approximate dates.)

DISEASES

Frequent Ear Infections _____	Heart Defect/Disease _____
Convulsions (Seizures) _____	Diabetes _____
Bleeding/Clotting Disorders _____	Chicken Pox _____
Measles, Mumps or Rubella _____	Poison Ivy _____
HIV/AIDS _____	Other _____

ALLERGIES

Insect Stings _____, Penicillin _____, Food Allergies (list) _____
 Drugs (list) _____, Other Allergies (list) _____

Please give details on any of the following that apply:

- 1) Operations or serious injuries (include dates) _____
 - 2) Chronic or recurring illness _____
 - 3) Other diseases or disorders _____
 - 4) Learning disabilities (Explain) _____
- 5) a) Have you ever been treated for eating disorders, depression, drug/alcohol addiction, etc.? _____
 b) Have you ever attempted suicide? _____
 If yes to either or both of these questions (5a or b), please explain on the back of this sheet. _____
- 6) Do you smoke or use any type of tobacco? _____
 - 7) Medical Insurance : Yes __, No __ Carrier _____ Policy or Group # _____
 - 8) Do you know how to swim? _____
 - 9) Are you currently taking any perscription drugs for a medical condiiton or recurring disease?
 _____ If yes, please list and explain _____

APPLICANT'S AUTHORIZATION: The health history is correct to my knowledge. I fully understand and agree that the organizers, owners, camp directors, instructors, staff, counselors and administrators of the Atlanta Workshop Players and Oglethorpe University shall be free from liability of claims arising by reason of any injury or illness during the camp week(s). I understand that I am responsible for any medical expenses incurred.

Applicant's Signature Date

Parent/Guardian's Signature (if applicant is a minor)

Print Name of Applicant/Signatory

Print Name of Parent/Guardian

IMPORTANT

Please notify the camp if you are exposed to any communicable diseases.