

Atlanta Workshop Players Camp "Destiny"

2012 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 _____ (6/4-6/8), #2 _____ (6/4-6/8), #3 _____ (6/11-6/15), #4 _____ (6/18-6/22),
#5 _____ (6/25-6/29), #6 _____ (7/15-7/20), #7 _____ (7/22-7/27), #8 APS _____ (7/15-7/28)

Counselor/Staff Name _____ Birth Date _____ Gender _____

Parent/Guardian(s) _____ Home Phone (____) _____

Home Address _____ ST _____ ZIP _____

Counselor/Staff Email _____ Parent/Spouse email _____

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 #: (____) _____

(For Minors only) I Do ___ or Do NOT ___ give the AWP Staff permission to administer over-the-counter medication to my child _____. Parent signature _____ date _____

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) Psychological Disorders (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 Brenau 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

Print Name of Applicant

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

Print Name of Parent/Guardian

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