



**Marmon  
Valley  
Farm**

# Staff Medical Form

*The Place for Family Farm Fun!*

This side to be filled in by parents/guardian of minors or by adult campers/ staff member themselves

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Parents of minor \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number City State Zip Code

Business Address \_\_\_\_\_  
Street & Number City State Zip Code

If not available in an emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number City State Zip Code

**HEALTH HISTORY:** (Check- giving approximate dates)

<b>Allergies</b>	<b>Diseases</b>	<b>Conditions</b>
Hay Fever _____	Chicken Pox _____	Heart Disease _____
Insect Bites _____	Measles _____	Convulsions _____
Poison Ivy _____	German Measles _____	Diabetes _____
Penicillin _____	Mumps _____	Bleeding _____
Asthma _____		Hypertension _____
Other Drugs _____		
Food _____	<b>Date of last Tetanus shot</b> _____	

Operations or serious injuries: \_\_\_\_\_

Disability of chronic or recurring illness: \_\_\_\_\_

Dietary modifications: \_\_\_\_\_

**PHYSICIANS INFORMATION:**

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist/ Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of other Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Authorization: I hereby give my permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/my child, and in the vent I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ my child's named above. This form may be photocopied for use out of camp.

Signature of parent or legal guardian or adult staff \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_