



## Short Medical Form (For Staff and Volunteers)

Guest/Staff/Volunteer Name: \_\_\_\_\_

(First, Middle Initial, Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_ Male      \_\_\_ Female

Monadnock Bible Conference is committed to the safety, well-being and health of its staff and volunteers. Please provide contact information for a custodial parent/legal guardian/emergency contact who will be available via phone while you're working at Monadnock Bible Conference. **One Medical Form per person!**

Parent/Legal Guardian/Emergency Contact Name: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Alternate Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Parent/Legal Guardian/Emergency Contact Home Address: \_\_\_\_\_

(Street Address, City/Town, State, Zip Code)

About Health Care for Encounter/Weekend Retreat Attendees:

1. At Minimum a Staff Member/Volunteer will be EMT Certified and/or First Aid/CPR/AED Certified when staff/volunteers are attending retreats at Monadnock Bible Conference.
2. Monadnock Bible Conference has a Health Center stocked with non-prescription medications to manage/treat injuries and/or illnesses.

### List of non-prescription medications available in the Camp Health Center:

**-Please clearly cross out medication(s) the attendee should NOT be given-**

- Acetaminophen (Tylenol)
- Pseudoephedrine (Sudafed)
- Antibiotic Cream (topical)
- Calamine Lotion (topical)
- Diphenhydramine-Antihistamine/Allergy Medicine (Benadryl)
- Epinephrine (Epi-Pen for severe allergic reactions)
- Hydrocortisone Cream
- Lice Shampoo (Nix, Elimite and/or Mayonnaise)
- Saline Eye Drops (Visine/Clear Eyes)
- Aloe
- Antifungal Spray/Powder
- Cough Syrup/Cough Drops
- Ibuprofen
- Electrolyte Drinks/Powders (Gatorade/Powerade)

**-PLEASE TURN TO THE OTHER SIDE-**



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Date of the Attendees Last Tetanus Shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

-Any known medical limitations/conditions (including allergies):

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-Please list all medications (prescription, non-prescription and vitamins) and why they're used:

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### \*Insurance Information\*

(attach insurance card if possible)

Subscribers Full Name: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance ID: \_\_\_\_\_

Insurance Co. Phone Number: \_\_\_\_\_

### PERMISSION STATEMENT:

(if under 18 years old a custodial parent/guardian must sign and date)

*"I hereby give permission to the physician(s) and/or hospital/medical center selected by the Camp Directors to hospitalize and/or medically treat me/my child as deemed necessary. This may include: laboratory work, radiological procedures, immunization(s), prescribing medication(s) and other procedures necessary for medical treatment, including surgery"*

**Signature of Staff/Volunteer/Parent/Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_