



# Christian Camp & Retreat Center

## Staff Medical Information & Release Form

Staff Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates employed by Cowboy's Rest: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Contact Names: \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Relation to Staff Member: \_\_\_\_\_

Additional Emergency Numbers: \_\_\_\_\_

**Cowboy's Rest provides secondary insurance through Nevada Industrial. The staff member's family or personal medical insurance is primary.**

Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

**In the event of a medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for**

\_\_\_\_\_ (name of staff member). **I also agree to pay for any fees incurred, and I understand that Cowboy's Rest and its staff will not be held responsible or liable for any related expenses.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*must be signed by a parent or guardian if staff member is under 18 years of age*