

Brown City Camp

8700 Wilcox Rd.

Brown City, MI 48416

Phone: 810-346-2480

Email: registrations@browncity.camp

STAFF HEALTH HISTORY RECORD MICHIGAN DEPARTMENT OF SOCIAL SERVICES

Employee Information				
Name: _____ Sex: _____ Birthdate: _____				
Address: _____ City/State/Zip: _____				
Phone: _____ Cell Phone: _____				
Email: _____				
MEDICATION: All medications (prescription and over the counter) must be given to the camp nurse at check-in. Medication must be in the ORIGINAL container and labeled.				
	Type of Medication	Frequency Taken	Dosage	Currently Being Taken
1.				
2.				
3.				
4.				
Information				
Are there any special conditions to be watched for such as allergies to foods, drugs, insect bites/stings, etc.? If so, please list allergies or conditions and include any instructions that would be helpful if a problem arises: _____				
Have you recently been exposed to any infectious disease? No ___ Yes ___ If yes, please explain: _____				
Are you restricted from any activity because of physical defect or illness? No ___ Yes ___ If yes, please explain the degree of restriction: _____				
Signature				
To the best of my knowledge, I certify that the above information is true:				
Signed: _____				
Date: _____				
Reviewed by Health Officer: _____ Dade: _____				