

Four Corners Christian Service Camp
 14051 County Road 37 • Mancos, Colorado 81328 • (970) 882-2523

STAFF HEALTH HISTORY

FAILURE TO PROVIDE THIS COMPLETED RECORD WITH REGISTRATION WILL RESULT IN RESTRICTION FROM THE PERFORMANCE OF ALL STAFF DUTY.

Campers Name:	Birth date:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Past history of serious injuries, surgery or illness:		
Allergies, drug (i.e. penicillin) or food reaction:		
Special Dietary or physical limitations:		

MEDICAL RELEASE

In case of emergency, I understand that every reasonable effort will be made to contact the above named individuals. In the event he/she/they cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for me including surgery.

Signature:	Date:
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WORKING WITH MINORS

As a Colorado Resident working more than 14 days in a calendar year, I have registered with the Central Registry of Child Protection/Individual Inquiry. I hereby do state that I have never been convicted of any felony, child abuse, or unlawful sexual offense.

Signature:	Date:
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PERJURY NOTICE

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C. R. S., and, upon conviction thereof, shall be punished accordingly.

The following physical examination must be performed less than 90 prior to beginning work

TO BE FILLED OUT ONLY BY PHYSICIAN OR NURSE PRACTITIONER

I, the undersigned, have examined the person named above, and found him/her to be in good general health, free from any contagious disease and capable of active participation in a regular camp program except as noted.

Exceptions:

Signature	Title	Date
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Address	Phone
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Last Tetanus Shot

Reviewed By Camp Manager	Date
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