

**Simon Kenton Council/Tri-Creek District Day Camp 2008
Junior Staff Application and Health Form**

What **PACK or TROOP** are you associated with? _____
What **District** are you associated with? _____

Circle dates you will volunteer at day camp: 6/24 6/25 6/26 6/27
Day Camp Staff receives a free t-shirt. Circle size (AS, AM, AL, XL, XXL, XXXL)

YOUR Name: _____ **Age:** _____
Mailing Address: _____
City: _____ **State** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Are you volunteering for an Activity Station? (Yes/No) Which One? _____
Have you volunteered at camp before? (Yes/No) How Many Years? _____

EMERGENCY PHONE CONTACTS

_____ Phone: _____ **And/Or**
_____ Phone: _____

-----**SPECIAL INSTRUCTIONS**-----

Family Doctor _____ Phone: _____
Family Dentist _____ Phone: _____
Preferred Hospital _____

HEALTH HISTORY Do you have any Health Problems (write Yes/No) ----->
Asthma?____ Anaphylaxis?____ Convulsions?____ Diabetes?____
Environmental Allergies?____ Fainting?____ Food Allergies?____ Heart Disease?____
Other?_____

Difficulty with: Eyes?__ Nose?__ Throat?__ Lungs?__ Digestion?__
Will you be bringing Medication to Camp (write Yes/No)? ----->
Describe Medication / Dosage: _____

I/we give permission to the camp health director to give medication as listed above and understand that all medication must be secured at the camp office: yes / no (circle one) -

-----**PARENT AUTHORIZATION**-----

This health history is correct and complete to my/our knowledge, and the person described on this application is able to participate in all activities except as noted by me/us and the physician. In the event of an emergency in which the above-named becomes ill or injured and I/we cannot be reached, I/we give permission to the physician selected by the adult leader in charge, to transport, hospitalize, secure proper anesthesia, or to order injection or surgery.

Parent Signature(s): _____ **Date:** _____

Mail Forms to: Simon Kenton Council
1901 E. Dublin-Granville Rd.
P.O. Box 29207
Columbus, Ohio 43229

Staff: Please complete all information on this form and have your parents sign above and on page 2.

**Simon Kenton Council/Tri-Creek District Day Camp 2008
Scout Dismissal Form**

The following persons have my permission to pick up my Scout(s) from Tri-Creek District Day Camp. I understand my Scout will not be released without a picture ID.

Name of SCOUT(S) _____

Name of Authorized Person(s) and Relationship to Scout:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Parent Name: _____

Parent Signature: _____

Date: _____

Comments:
