

2005 CCCA EVENT COUNSELOR/DIRECTOR/EMPLOYEE HEALTH INFORMATION

Name: _____ Serving as (Check One): Counselor Director Employee

1. Emergency Contact Information:

Name: _____
 Address: _____ City: _____ State _____ Zip: _____
 Home Phone: _____ - _____ Work Phone: _____ - _____ Cell or pager: _____ - _____

2. Medical and Health Information

Note: Include a photocopy of medical insurance card (front and back) with this registration

Social Security # _____ - _____ - _____ I.D.# _____
 Insurance Carrier: _____ Dr.'s Phone: _____ - _____
 Physician's Name: _____

Allergies	Yes	No	Recent Medical History	Yes	No
Hay Fever			Streptococcus Sore Throat		
Asthma			Diabetes		
Mildew			Heart Murmur		
Bee Sting			Kidney Disease		
Penicillin			Mononucleosis		
Any drugs			Tonsillitis		
			AIDS/HIV		
			Middle Ear Infection		
Other (Please explain)			Other (Please explain)		

Other Information	Yes	No	Dietary Needs	Yes	No
Bed-wetting			Health Related		
Sleepwalking			Vegetarian		
Learning Disability					
Physical Disability					
Hyperactivity (ADD/ADHD)					
Particular Fears					
Physical limitations					
Bowel/bladder					
Other (Please explain)					

Please explain any items answered yes. Use separate sheet if necessary.

Will you be taking medication while at the camp/conference site? (Explain and list)

Date of most recent tetanus shot _____

Counselor/Director/Employee Signature: _____

If counselor/employee is a minor (under 18 yrs of age), a parent or guardian must sign:

Parent/Guardian: I give my consent for _____ to serve as a Camp Counselor or Camp Counselor-In-Training (as designated by the CCCA Camp & Conference Program) or Employee at _____ in the summer of 2005 and to participate fully in the program. During her/his absence for the period of the camp and travel to and from, the adult in charge has my permission to authorize medical and/or surgical treatment for my minor child in the event that I cannot be reached immediately for my permission.

 Parent/Guardian Date