

Staff Health Emergency Info

Be Wise Camp

Staff Member Name _____

Course/ Classroom at Be Wise: _____

Date of Birth: _____

In the event of emergency, please contact:

- Name: _____ Phone (____) _____ or (____) _____
- Name: _____ Phone (____) _____ or (____) _____
- Name: _____ Phone (____) _____ or (____) _____

Please list any health conditions or recent surgeries that emergency medical personnel might need to know if evaluating or treating you:

What medications do you take on a routine basis?

Do you have any known allergies to food, medications or insects? Yes/No

*If YES: Do you keep emergency medication (Ex: Epi-Pen, Benadryl) with you? How do you typically react to this allergen?

*Please know that this information will be kept in strict confidence,
and accessed only by camp nurse and/or Emergency Medical Personnel in the event of a health emergency.*