



201 Saint Ignatius Trail, Bolivar, PA 15923
 Phone: 724-238-9565 Fax: 724-238-6415
 Email: CampOffice@antiochianvillage.org

Volunteer Staff Health History & Examination Form

The information on this form is not part of the volunteer staff acceptance process, but is gathered to assist us in identifying appropriate care. The health history portion must be filled out by adults themselves. Additionally, a medical exam is required within 12 months of the camping session. If an exam was already done in that time period, your physician may be willing to fill out the form without an additional examination. The medical exam form on the last page must be completed and signed by approved licensed medical personnel.

Name: _____ Gender: Male Female
Last First MI

Birthdate: _____

Home Address: _____
Street Address City State/Prov. Zip

Emergency Contact Name: _____ Home Phone: _____
 Relationship to Participant: _____ Cell Phone: _____

Name of family physician _____ Phone: _____
 Name of family dentist/orthodontist _____ Phone: _____

Is the participant covered by family medical/hospital insurance? *(Please check one of the boxes below)*
 Yes *If yes, please bring your insurance card along with you to camp in the event it is needed for medical treatment.
 No

Health History & Information

The following information must be filled in by the adult volunteer staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival to camp. Please provide complete information so that the camp can be aware of your health needs.

Which of the following has the participant had?	<u>ALLERGY INFORMATION</u>	<u>Describe reaction and management of reaction</u>
<input type="checkbox"/> Measles	<u>Medication Allergies</u>	_____
<input type="checkbox"/> Chicken Pox	_____	_____
<input type="checkbox"/> German measles	_____	_____
<input type="checkbox"/> Mumps	<u>Food Allergies</u>	_____
<input type="checkbox"/> Hepatitis A	_____	_____
<input type="checkbox"/> Hepatitis B	_____	_____
<input type="checkbox"/> Hepatitis C	_____	_____
TB Mantoux Test	<u>Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.)</u>	_____
Date of last test _____	_____	_____
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	_____	_____
Date of last Tetanus shot: _____		
Have you been vaccinated for Hepatitis B?	* Please note that while we will do our best to accommodate medically-prescribed meal plans and dietary restrictions, it may be necessary for you to provide supplementation in the event we are unable to fulfill all your nutritional requests.	
<input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No		

MEDICATIONS CURRENTLY BEING TAKEN (Meds brought to camp *must* be in their original labeled pharmacy container.)

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

GENERAL QUESTIONS (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness, or disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?...	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had joint problems (i.e., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance		
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	being brought to camp?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (i.e., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past year?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	24. Ever had an eating disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal		
13. Ever had chest pain during or after exercise?...	<input type="checkbox"/>	<input type="checkbox"/>	menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional difficulties for		
			which professional help was sought?....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of the questions. (use additional pages if necessary)

Use this space to provide any additional information regarding your health which the camp should be aware.

AUTHORIZATIONS, PERMISSIONS AND AGREEMENT

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer over-the-counter medications, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me. I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by the Antiochian Village and its agents during camp. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese, the Antiochian Village, its leaders, employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form.

I agree that I will abide by all the rules and guidelines set forth by the Antiochian Village for the safety and good health of the campers at camp. I also agree that if I have to return home due to discipline violations, it will be at my own expense.

I agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, the Antiochian Village, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied for trips out of camp.

I hereby agree to indemnify and hold harmless the Antiochian Village, the Antiochian Orthodox Christian Archdiocese, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me or on my behalf or by anyone else as a result of any accident of injury occurring to me.

Signature _____

Printed Name _____ Date _____

**If for religious reasons you cannot sign this, contact the camp office for a legal waiver which must be signed for attendance*

HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

I examined this individual on _____.

The applicant is under the care of a physician for the following conditions: _____

Medications to be continued at camp (name, dosage, frequency): _____

Treatment to be continued at camp: _____

Any medically-prescribed meal plan or dietary restrictions: _____

Known allergies (including food): _____

Description of any limitation or restriction on camp activities: _____

Additional information for health care staff at the camp: _____

BP : _____ Weight: _____ Height: _____

In my opinion, the above applicant is is not able to participate in an active camp program.

Signature of Licensed Medical Personnel: _____

Printed: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

For camp use only

SCREENING RECORD

Date screened _____ Time _____ Screened by _____

Meds Received _____

Updates/additions to health history noted Yes No None required

Current health needs identified _____



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Media Consent Form - Staff

Throughout your stay at the Antiochian Village, staff members will be videotaping footage which will be included in a DVD that will be sold to campers and staff at the end of each session. This DVD will be primarily for the participants as a memento of their experience. However, it will also be used for purposes of promoting the Antiochian Village and its programs.

During each session, the staff will be taking photographs of the participants' activities and posting them on the Antiochian Village website (<http://www.antiochianvillage.org/camp>). This common practice of many programs keeps parents and friends back home informed of the participants' daily activities. Only participants' first names (not last names) will be used on both the DVD and the website.

Please read the following, complete, and sign below.

I understand that it is the intention of the Antiochian Village program to have my participation in the program recorded on videotape and in photographs which may be posted on the program's website, used in camp session videos, and used in publicity materials.

I expressly agree to and grant Antiochian Village the right and authority to videotape and photograph my activities and to use any recording of my participation in the aforementioned program in any and all media. Such recordings and photographs become the sole property of the Antiochian Village.

I give permission for the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of me during camp to be used in the camp video, on the camp website, for promotional purposes of the camp, or shown as the Antiochian Village sees fit; in perpetuity.

Signature:

I agree to the above I do not agree to the above

Print Name of staff member

Signature of staff member

____/____/____
Date

***Please complete and return this form
at least 2 weeks prior to your arrival***

Antiochian Orthodox Christian Archdiocese of North America
The Most Reverend PHILIP
Archbishop of New York and Metropolitan of All North America