

**2024 Staff & Volunteer Health Form
Camp Heritage**



First & Last Name: _____

Pronouns: _____ Birthdate: ____/____/____

Cell Phone: _____

Address: _____

Emergency Information:

1st Priority Name: _____ Cell: _____

2nd Priority Name: _____ Cell: _____

3rd Priority Name: _____ Cell: _____

Vaccines	Year of Immunization
Tetanus	

Allergies: _____

Medications: _____

Any camp specific activities to be restricted? _____

Do you require any medication that might impair your ability to perform the essential functions of your position? Yes No

If yes, please communicate with Mackenzie Erpenbach, Camp Director.

Please sign below to indicate that you give Camp Heritage Staff permission to treat in case of an emergency.

Staff/Volunteer Printed Name

Staff/Volunteer Signature / Guardian if under 18

Date: _____