

UNDER 18 STAFF HEALTH FORM



This form must be on file BEFORE the first date of employment

Name: _____ Age: _____

Gender/Pronouns: _____

Health Insurance Company _____ Plan # _____

Primary Doctor Name & Phone _____

Medical Information

Do you have any allergies or medical conditions that ACA should be aware of in case of emergency? Please indicate any medications you feel would be important to emergency personnel should you become unconscious.

*For a staff member under 18 to **receive/self administer any prescription medications** at camp, including epi pens and inhalers, you must complete and return an Authorization to Administer Medication form. Please email campmanager@acarts.org for the form.

I authorize ACA staff who are trained in the basics of first aid to give my child first aid when appropriate.

(Circle one): Yes No

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

MEDIA RELEASE: Occasionally, ACA takes photos of classes and camp programs for use in catalogs, advertising, promotional materials, website, and our online photo galleries.

___ **YES, I allow ACA use my child's photo, and release ACA from any and all liability arising from use of such photos.**

___ **NO, I do not allow ACA to use such photos.**

Parent /Guardian Name: _____ Date: _____

Parent/Guardian Signature:
