

COUNSELOR PACK



AT IDYLLWILD PINES CAMP & CONFERENCE CENTER

www.idyllwildpines.org

www.summitleadershipcamp.org

Summit Leadership Camp T&T

June 13 – June 17, 2021

Dear Counselor Applicant:

We are pleased that you are interested in joining us as a Camp Counselor this year. Please find below some of the items that you will need to keep in mind if you wish to participate as a counselor. If you have concerns and/or questions, feel free to speak with your Camp Director, Sophie Belanger (ejndzel@hotmail.com), or the President of Summit Games and Bible Quiz, Dorian Houser (info@summitevents.org).

- We welcome applications from adults who have trusted Jesus Christ as their personal Lord and Savior, have the gift of compassion and/or encouragement, are quick to listen and slow to speak, and live above reproach.
- Young adults under the age of 23 may apply if they have earned a Citation award. Citation achievers under the age of 22 may serve as counselors-in-training through the “Graduates in Service Together” program or “GIST.”
- Other counselors who’ve not earned a Citation award must be at least 23 years of age at the time of service and must be actively serving in their local AWANA Club. **Note - In recognition that many clubs have not met in person this due to the COVID pandemic, club service is being waived this year.*
- Applicants must be in good health with no hindrances that would keep you from fulfilling your duties as a counselor.
- References should be given out by you to: your pastor, your commander and a friend. All references should be returned to you for mailing with your application. Please ensure that your references are aware of the time deadlines! *** We strongly suggest you hand them out immediately! ***
- Approval is based on a background check, the number of male/female counselors needed, experience and the timeliness of sending in your application.
- Each Club should send one Counselor for each five campers (1:5 ratio). If the ratio is less, then the counselor requirement will be waived.
- If your AWANA Club has already chosen enough Camp Counselors, please complete the application anyway. It is always possible that you will be needed (if approved) for an AWANA Club that doesn’t have enough Camp Counselors.
- If approved, your cost will be \$300.00.
- Applications that are missing information or are incorrect will delay the processing of your application.
- All applications must be postmarked by May 15, 2021. Please ensure that you hold fast to the deadline for submission.
- All counselors will be expected to follow all dress code requirements as attached.
- All counselors will be expected to attend the Mandatory training. Date to be determined.

Summit Leadership Camp

COUNSELOR (STAFF) APPLICATION

(Please use a pen and print clearly)

I am interested in applying for the following (choose one): Counselor _____ Graduate in Service Training (GIST) _____
(see cover letter for description)

If applying as a GIST: What year did you graduate High School? _____ Current College attending: _____

AWANA club status: Active Inactive Years you have served at AWANA camps _____

Applicant's full name: _____ Date of Birth: _____ Age: _____

Nickname on name button (if different than above): _____ Male Female

Address: _____ City: _____ State: CA Zip: _____

Hm Phone: _____ Cell Ph _____ Email Address: _____

Adult Shirt Size (please circle): S M L XL 2XL 3XL Have you earned your AWANA Citation? Yes No

Please list any position, grade or camper preferences you may have: _____

Please give a Reference Questionnaire (attached) to each of the three (3) required persons below.

Required Reference Check from each of the following: (1) Pastor (2) AWANA Commander/Director (3) Non-Family Friend

Please tell us to whom you are giving the forms:

Pastor's Name: _____ Church _____

Address: _____ City: _____ State: _____ Zip: _____

Main Contact Phone: _____ Email Address: _____

Commander's Name: _____ Church _____

Address: _____ City: _____ State: _____ Zip: _____

Main Contact Phone: _____ Email Address: _____

Friend's Name: _____ Church _____

Address: _____ City: _____ State: _____ Zip: _____

Main Contact Phone: _____ Email Address: _____

Current AWANA Club Information

AWANA Church: _____ AWANA Charter Number: _____ Phone: _____

Church Address: _____ City: _____ State: _____ Zip: _____

AWANA Club Experience (in years): Cubbies _____ Sparks _____ T&T _____ Trek _____ Journey _____ Other _____

Current Club Position: _____

Home Church Information

Home Church: _____ Phone: _____

Church Address: _____ City: _____ State: _____ Zip: _____

If chosen as camp counselor, I will be available to help in any part of the ministry where I am needed and I will submit myself to the authority of Idyllwild Pines while adhering to and enforcing all camp rules and dress codes as set forth. I understand that falsification of any information or failure to submit any additional and necessary information may be grounds for my immediate release as a camp counselor. I further understand that this is an application and no guarantee to become a camp counselor is being offered.

Date Signature (required for acceptance) Printed Name

Summit Leadership Camp

REFERENCE QUESTIONNAIRE FORM - Please give to your PASTOR

(Please use a pen and print clearly)

Complete and return to (Applicant): _____ at _____

(Coordinator address)

Applicant's Full Name: _____

Main Contact Phone: _____ Email Address: _____

1. What is your relationship with the applicant? Pastor
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____

9. Have you ever witnessed the applicant losing his/her temper? Yes No

10. Can the applicant handle change/are they flexible? Yes No

11. Does the applicant frequently follow through on his/her commitments? Yes No

12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No

13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No

14. Would you recommend the applicant for work with children without any reservation? Yes No

15. Would you entrust your own children to this person? Yes No

16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No

17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No

18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip

Email

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Summit Leadership Camp

REFERENCE QUESTIONNAIRE FORM - Please give to your COMMANDER/DIRECTOR

(Please use a pen and print clearly)

Complete and return to (Applicant): _____ at _____
(Coordinator address)

Applicant's Full Name: _____

Main Contact Phone: _____ Email Address: _____

1. What is your relationship with the applicant? Commander Director
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____

9. Have you ever witnessed the applicant losing his/her temper? Yes No
10. Can the applicant handle change/are they flexible? Yes No
11. Does the applicant frequently follow through on his/her commitments? Yes No
12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No
13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No
14. Would you recommend the applicant for work with children without any reservation? Yes No
15. Would you entrust your own children to this person? Yes No
16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No
17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No
18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip

Email

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Summit Leadership Camp

REFERENCE QUESTIONNAIRE FORM - Please give to your FRIEND

(Please use a pen and print clearly)

Complete and return to (Applicant): _____ at _____
(Coordinator address)

Applicant's Full Name: _____

Main Contact Phone: _____ Email Address: _____

1. What is your relationship with the applicant? Friend
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____

9. Have you ever witnessed the applicant losing his/her temper? Yes No

10. Can the applicant handle change/are they flexible? Yes No

11. Does the applicant frequently follow through on his/her commitments? Yes No

12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No

13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No

14. Would you recommend the applicant for work with children without any reservation? Yes No

15. Would you entrust your own children to this person? Yes No

16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No

17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No

18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature _____

Date _____

Address, City, State, Zip _____

Print Full Name _____

Phone Number _____

Email _____

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ATTENTION POTENTIAL COUNSELOR:

Prior to registering, we would like you to prayerfully and prudently consider the following facts:

- 1) If you are a counselor assigned to a cabin that is hosting campers, it is imperative that **ANY and ALL medications** you will be taking, while at camp, must be kept at the nurse's station. There are NO exceptions but one, you will be leaving your medicine in a locked vehicle that only you have the keys too. This rule is per the California State law with regards to private camps. The nurses are very willing to accommodate your personal schedule. Please bring and **show** the nurses of ANY medication you will be taking while at camp.
- 2) We strongly urge you to consider your physical readiness to be a camp counselor. It is a demanding position and your rest time can be limited. Just as you are preparing yourself spiritually to come to camp, you will also need to prepare your physical body, in other words WALK, exercise before camp!

Lastly, this form must be signed and returned with your application.

By signing it, you are stating that you agree with the contents and are willing to abide by the rules.

Signature

Date

Printed Name

Summit Leadership Camp

CONSENT AND RELEASE OF LIABILITY FORM

(Please use a pen and print clearly)

THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name of Adult: _____ Date of Birth: _____

I understand and agree that participation at Summit Leadership Camp is a privilege to which I am not otherwise entitled. In consideration for that privilege, I am signing this Consent and Release of Liability.

Release of Liability

Prior to participation in Camp activities, I acknowledge that my involvement in the Camp may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Consent and Release of Liability, I warrant that I am fully capable of safely participating in all Camp activities, and I expressly assume all risks of my participation, whether such risks are known or unknown to me at this time. I further generally release Summit Leadership Camp and their directors, officers, employees, volunteers, and agents, and other guests at the Camp, from any and all claims that I may have against any of them as a result of property damage or personal injury, illness or death as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of me, and the heirs, family, estate, administrators, executors, personal representatives and assignees of me.

I the undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that I, may be exposed to or infected by COVID-19 by attending Summit Leadership Camp sponsored camp and activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Summit Leadership Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or and other infectious diseases. I, myself, understand that the risk of becoming exposed to or infected by COVID-19 at Summit Leadership Camp may result from the actions, omissions, or negligence of myself, minor and others, including, but not limited to, Summit Leadership Camp staff, counselors, and other participants and their families.

Other Releases and Acknowledgements

I understand that, while my child is participating in Camp activities, photographs, film, audio recordings and videotape of him/her may be taken for use in brochures, videos, releases to the press, and various Idyllwild Pines publications and other work product. I do hereby irrevocably grant Summit Leadership Camp permission to record, display and/or reproduce my child's name (first & last,) likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

I do also hereby understand that most counselors/staff serving with Summit Leadership Camp are considered mandated reporters and are bound by the California Code to report any statements that a child may make regarding any and all physical or sexual abuse which they may have suffered.

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip

E-mail

Emergency Contact

Phone

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone/Cell Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Summit Leadership Camp** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include; but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Summit Leadership Camp** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Summit Leadership Camp**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

Summit Leadership Camp

Deference and Anti-Distraction Policy - KEEPING YOUR FOCUS

1 Corinthians 7:35 And this I say for your own profit, not that I may put a leash on you, but for what is proper and **that you may serve the Lord without distraction.**

The definition of deference is: limiting my freedom in order not to offend those God has called me to serve.

In order to maintain an environment that is free from distractions, so that we all may focus on what the Lord has in store for us this week; the following policies need to be followed by campers and counselors alike:

Everyone is expected to **conduct** themselves in a manner which reflects an atmosphere of “**focusing on the spiritual.**” **Modesty** and **appropriateness** will be the **standard of dress and behavior.**

Dress Code

- No visible undergarments. (This includes camisoles underneath)
- Shorts/skorts must be loose fitting and no shorter than the tips of your fingers when your shoulders are relaxed and arms are hanging by your side. NO spandex or split jogging shorts.
- Skirts and dresses must be modest, (not tight and covering cleavage) and should be no shorter than (3) inches above the knee (approximately the width of a dollar bill above the knee).
- Leggings may only be worn if the wearer is also wearing shorts or a skirt that is the dress code length over them.
- All forms of clothing should cover the wearer’s midriff, and for females, the cleavage; especially when leaning over.
- Tank tops with a minimum of 2-inch seam on shoulder are allowed. If tank top is loose and revealing when the wearer is leaning over, please layer with a second shirt or cami underneath. NO sheer outer garments.
- No offensive clothing or tattoos which exhibit alcohol, drug, tobacco products, satanic symbols, inappropriate language, or other offensive displays.
- While swimming or canoeing:
 - Females: one-piece suit, covering cleavage, bust, and midriff areas. No two-piece please unless a rash guard and board shorts are worn over. This will only be allowed if no midriff is shown when arms are raised. A tee shirt over a two piece suit will not be allowed.
 - No Thong, g-string, and high French-cut style swimwear.
 - Males: “boxer” style suits with at least five (5) inch inseam and nylon or mesh liner.
- No display of body piercing (other than earrings, in moderation, for females) please.
- Footwear is required at all times except inside the bath houses, cabins, and while swimming. Athletic shoes are required for Team Activity Time.



Counselors, please review this policy and understand the requirements and expectations.

If you do not understand the above mentioned, please speak to the Camp Director BEFORE attending camp.



Participant Release of Liability Agreement

Name of Participant: (Print clearly) _____ **Date:** _____

Emergency Contact Name: _____ **Phone Number:** _____

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities, I, as the legal guardian for myself or on behalf of the minor participant, hereby represent, acknowledge and agree as follows:

Acknowledgement and Assumption of Risks:

It is acknowledged that there are certain risks and dangers in participating in activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting, based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

The undersigned represents that he/she, and/or the minor participant, is in good health and in the proper physical condition to participate in the Activities. Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include, but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as broken bones, strains, joint or back injury, and concussions; and 3) catastrophic injuries including paralysis and death. The undersigned fully understands that the risks involved may be caused by his/her or the minor participant's own actions, those of other participants, the conditions in which the Activities take place, or the negligence of the Releasees named in this Agreement. Further, it is understood that there may be other risk either not known to myself or the minor participant or not readily foreseeable at this time. I, as the legal guardian for myself or on behalf of the minor participant, fully accept and assume all such risks and all responsibilities for losses, costs, and damages incurred as a result of participation in the Activities.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that he/she, and/or the minor participant, may be exposed to or infected by COVID-19 by attending the Idyllwild Pines Camp and Conference Center sponsored courses and activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Idyllwild Pines Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or and other infectious diseases. I, as the legal guardian for myself or on behalf of the minor participant, understand that the risk of becoming exposed to or infected by COVID-19 at Idyllwild Pines Camp and Conference Center may result from the actions, omissions, or negligence of myself, the minor participant, and others, including, but not limited to, Idyllwild Pines Camp and Conference Center employees, volunteers, and other participants and their families.

Release and Indemnity:

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or the minor participant (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or the minor participant may experience or incur in connection with my and/or the minor participant's attendance at Idyllwild Pines Camp and Conference Center or participation in the Activities.

On behalf of myself and/or the minor participant, I hereby release, hold harmless and agree not to sue Idyllwild Pines, its respective directors, officers, employees, representatives, affiliates, volunteers, agents, contractors, and, if applicable, owners or lessors of premises on which the Activities take place ("Releasees"). With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in Activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Idyllwild Pines and/or its agents, whether a COVID-19 infection occurs before, during, or after participation in the Activities.

Medical Waiver: In the event of injury or illness while I and/or the minor participant is engaged in any Activities, the undersigned hereby authorizes Idyllwild Pines Camp and Conference Center to consent to medical treatment on behalf of myself and/or the minor participant as deemed necessary. The undersigned hereby authorizes Idyllwild Pines Camp and Conference Center and its officers, employees and agents, into whose care myself and/or the minor participant has been entrusted, to consent to the advice of trained emergency personnel.

The undersigned understands and agrees that he/she and/or the minor participant is advised to obtain health insurance coverage prior to participation in any Activity and that he/she and/or the minor participant will be responsible for any medical expenses arising out of any injury or claim arising out of Activity participation.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County, California.

The participant, and the parent(s) or guardian of a minor participant, have each read this document, had the opportunity to ask questions, and understand and voluntarily agree to it terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment. The undersigned fully understands that with this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned is giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that he/she is signing this agreement freely and voluntarily.

Signature of Participant: _____

Date: _____

Print Name _____

Photo and Video Release

I give Idyllwild Pines Camp permission for any photos or videos taken of myself/child for the duration of the stay to be used at Idyllwild Pines camp's discretion in any of their promotional venues.

Signature of Participant _____ Print _____

Date _____



ESTABLISHED 1923

EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES

26375 STATE HWY 243 P.O. Box 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG

Counselor Medical Release Form

Name: _____ Date of Birth: _____ Gender (M/F) _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Mobile Phone: _____

Email: _____

COUNSELOR AUTHORIZATION

In case of emergency, if family physician cannot be reached, I hereby authorize myself to be treated by Certified Emergency Personnel.
(i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Hospital Preference: _____

Insurance Co: _____ Policy No: _____ Group ID# _____

If physician cannot be reached in case of emergency contact:

Name Phone Relationship

Name Phone Relationship

Please check if you take NO medications

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Allergies: _____

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.



Authorized Counselor Signature

Date