



## Summer Staff Emergency Contact Form

Please bring this completed form when you arrive for staff training.

Name \_\_\_\_\_  
[Last] [First]

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

### Medical History:

Allergies:

Food \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Chronic medical conditions: \_\_\_\_\_

Recent illness or hospitalization: \_\_\_\_\_

List all pre-existing injuries \_\_\_\_\_

### Please initial the following:

I understand working at Phantom Ranch requires a moderate level of physicality \_\_\_\_\_

Phantom Ranch is not liable for reinjury of a pre-existing injury \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

In case of emergency due to illness or injury, Phantom Ranch is authorized to proceed with such medical attention by the Phantom Ranch health supervisor, camp nurse, qualified Senior Staff, physician, or hospital as deemed necessary.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

### If under 18 years of age, Parent or guardian must sign this form:

Parent/ Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_