

Lazer Lax Staff Emergency Form

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian name: _____

Please list another person familiar with you that we may call in case of an emergency.

Name: _____ Relation (neighbor, friend): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Insurance company: _____ Policy #: _____

Physician Name: _____ Telephone: _____

Dentist Name: _____ Telephone: _____

Do you have any allergies? Yes: _____ No: _____

If yes, please explain: _____

Do you have any medical conditions that we should be aware of? Yes: _____ No: _____

If yes, please explain: _____

Will you be taking any medication at home – prior to the camp day? Yes: _____ No: _____

If yes, please explain: _____

Will you take any medications that you will need to bring to camp? Yes: _____ No: _____

If yes, please explain: _____

Have you had or been vaccinated against chicken pox? Yes: _____ No: _____

Date of disease: _____ Immunization date: _____

IMMUNIZATION RECORDS

The Andover Board of Health is very strict with regard to the physical status of each and every staff member of Lazer Lax. We are required to have a current immunization record and a copy of your most recent physical exam (dated within 24 months of the start of camp) on site. In order for us to accept you as an employee of Lazer Lax you must attach a current immunization record from your physician and a copy of your most recent physical exam (which must be dated within 24 months of the start of camp).

RELEASE STATEMENT

I (parent/guardian if under the age of 18), _____, give my permission to receive emergency medical treatment and hospitalization, if necessary. I understand that every attempt will be made to contact the named emergency contact above, before taking this action. By accepting employment, I ensure that I am physically and mentally able to participate in all of the programs activities. I hereby waive and release Lazer Lax, LLC – its directors and staff from any liability for any injury or illness incurred while employed at camp. I understand there is a risk of injury as a result of camp activities, and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Signed (Parent/Guardian if under the age of 18)

Date