



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 _____