

Staff Health Screening

Name _____ Position _____ Date _____

Have you had any of the following symptoms in the last two weeks?

	Yes	No
Oral temperature over 101 degrees F	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat with fever	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Inflamed, bloodshot eyes with discharge	<input type="checkbox"/>	<input type="checkbox"/>
Severe itching of body or scalp	<input type="checkbox"/>	<input type="checkbox"/>
Infected skin patches	<input type="checkbox"/>	<input type="checkbox"/>
Unusually dark, tea-colored urine	<input type="checkbox"/>	<input type="checkbox"/>
Yellowish eyes or skin	<input type="checkbox"/>	<input type="checkbox"/>
Grayish or white stools	<input type="checkbox"/>	<input type="checkbox"/>
Severe headache accompanied by stiff neck	<input type="checkbox"/>	<input type="checkbox"/>
Flu or flu like symptoms (fever, sore throat, cough)	<input type="checkbox"/>	<input type="checkbox"/>

Have you been exposed to anyone with vomiting or diarrhea in the last two weeks?

Yes _____ No _____

Have you been exposed to any known contagious disease in the last two weeks?

Yes _____ No _____

Have you been exposed to anyone with influenza-like illness (fever >100°F, sore throat, cough) during the past week?

Yes _____ No _____

Have you had any recent injuries that would prevent you from performing any camp duties?

Yes _____ No _____

Do you have any healing injuries, open cuts/sores or severe bruises?

Yes _____ No _____

If sleeping overnight in the same space as a camper, do you have any prescription medications, vitamins or over-the-counter drugs to turn into the nurse?

Yes _____ No _____

If "Yes" was answered to any of the questions above, please describe on the back.

By signing below, I attest that the information is true and correct.

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Mission Springs Christian Camps & Conference Center (hereinafter, "Mission Springs"), also known as Frontier Ranch, offers an array of camp and conference services and facilities. While Mission Springs strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural, dim, and rustic setting of Mission Springs. By signing below, I attest that I have disclosed all known health conditions that may affect Participant's participation in the Mission Springs camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of a physician's examination, within six months of the scheduled conference or camp. I acknowledge that Mission Springs shall not be responsible for personal belongings that may be lost or stolen during a camp or conference. **In the event of an emergency, I hereby give permission to Mission Springs (and physicians selected by Mission Springs) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery.** I acknowledge that Participant has my permission to fully participate in conference and/or camp activities, both on and off Mission Springs grounds, except as otherwise noted on the conference or camp application. I also give Mission Springs permission to use Participant's photo in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Mission Springs, and on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Mission Springs, am aware of the inherent hazards and risks associated with such participation. By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein, which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I have a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE MISSION SPRINGS AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM THE NEGLIGENT ACTS OR FAILURES TO ACT OF MISSION SPRINGS EMPLOYEES, AGENTS, DIRECTORS, OFFICERS, AND/OR VOLUNTEERS. The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

Staff Signature _____ Date _____
 (parent or legal guardian if under 18)

Reviewed on: _____ Initials: _____ Action: File Call Exam
 Updated for 2018