

**Essential Functions – All Staff Positions**

- Employee is regularly required to stand, walk, reach, stoop, kneel and crouch.
- Employee must occasionally lift and or move items up to 50 lbs.
- Employee must be able to maintain a physically and emotionally safe environment for campers.

Additional Functions – Leader/Program Staff

- Employee must be able to walk entire camp property during day and in dark at night with flashlight.
- Employee must have mental and emotional capacity to exhibit good judgment and problem solving.
- Employee must be able to manage their emotions to remain focused on the best interest of the campers and safety of campers.
- Employee must be able to maintain focus for extended periods while working long hours.
- Employee must be able to sleep in cabin with campers.

Additional Functions -Kitchen Staff:

- Employee must be able to stand for extended periods of time.
- Employee will have extended exposure to kitchen heat and humidity, and handling hot pots and pans.
- Job involves precise use of kitchen equipment, including sharp knives, etc.

Additional Functions -Health Staff/Nurses:

- Employee will be exposed to health center conditions, including exposure to illnesses.
- Job involves precise use of medical equipment, including but not limited to sharp syringes.
- Employee must be able to walk entire camp property during day and in dark at night with flashlight.

Additional Functions -Maintenance:

- Employee must be able to stand for extended periods of time.
- Job may involve extended exposure to heat and humidity, and cold and damp environments.
- Employee must be able to work in primarily outside environment.
- Job involves precise use of heavy machinery, hand tools and power tools.



PERMISSION TO POSSESS AND USE MEDICATION (EPI/INHALER/OTHER) FOR EMERGENCY

STAFF NAME: _____

Last

First

Middle Initial

BIRTHDATE ____/____/____

This form must be completed by the physician in its entirety and signed by the staff person in order for this staff person to carry an Epi-Pen and/or asthma inhaler with him while at camp.

Diagnosis requiring Epi-Pen/Asthma Inhaler: _____
Are there any other medical conditions: No Yes. If yes, please list:

Medication Order:

Name of Medication: _____

Dose: _____

Frequency/Time of Medication: _____ Route: _____

Start date of order: _____ End date of order: _____

Does the staff person need assistance with administration? No Yes If yes, please describe:

Specific recommendations for when to administer (symptoms that would indicate need for administration):

List side effects, contra-indications and or adverse reactions to be observed if the medication is administered:

Provide recommendations for care after medication is administered (health center observation? Return to activity after __ time):

List any adverse reactions that may occur if a child/camper for whom the medication is not prescribed, should he receive a dose of the medication:

This staff person has the knowledge and skills to safely possess and use the identified medication in a camp setting.

Licensed Provider Signature _____ **Date** _____

Licensed Provider Name (printed): _____ **Title:** _____

Office Address: _____

Telephone: (____) _____

STAFF PERSON: I will also provide an extra Epi-Pen and/or Asthma Inhaler to be kept at the Health Center for emergencies.

Signature: _____ **Date:** ____/____/____

If staff person is <18 years old, parent/guardian must also sign this form below acknowledging that you give permission for this staff person to keep the above named medication in their possession while at YMCA Camp Belknap.

Parent/Guardian Signature: _____ **Date:** ____/____/____

MI:

First:

NAME Last: