

**EAGLES LANDING CAMPS & THE NIGHT OWLS
STAFF — CONFIDENTIAL MEDICAL HISTORY,
EMERGENCY AUTHORIZATION & BACKGROUND SCREENING**

Do You Have Or Did You Have A History Of:

- | | | |
|---|-----------|----------|
| 1. Heart Disease | Yes _____ | No _____ |
| 2. Asthma | Yes _____ | No _____ |
| 3. Diabetes | Yes _____ | No _____ |
| 4. Epilepsy | Yes _____ | No _____ |
| 5. Allergy To Food Or Medications | Yes _____ | No _____ |
| 6. High Blood Pressure | Yes _____ | No _____ |
| 7. Any Other Ailment That Requires The Daily Use Of Medication? | Yes _____ | No _____ |
| 8. Any Other Ailment that Requires You To Be Seen By A Physician Every Six Months Or More Frequently? | Yes _____ | No _____ |
| 9. Any Other Ailment That Restricts Your Physical Activity? | Yes _____ | No _____ |

If you answered "Yes" to any of the above questions, please explain in detail on the back of this form. This form is to be completed by each individual staff member.

I, _____ (Print Name) am in generally good health and will physically be able to carry out my duties as _____ (Print Position) for Eagles Landing Camps.

Date _____ Signature _____

CONSUMER NOTIFICATION

Please be advised that a consumer notification is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

BACKGROUND CHECK NOTIFICATION TO ALL STAFF MEMBERS

I, _____, of my own free will, agree to allow Eagles Landing Camps to have a background check and/or a child abuse report conducted on myself for the mutual benefit of myself and Eagles Landing Camps.

I also agree that the results of such investigation and its conclusions may be used by Eagles Landing Camps Directors and partners, both orally and in writing, in order to process my employment application.

I completely understand that the results of this background check and the conclusions drawn from it may affect the decision by Eagles Landing Camps in terms of employment. I also understand that disclosure of a felony criminal record will not automatically disqualify me from employment consideration and that my case will be judged on its merits. I do, however, understand that falsification of information may bring out about immediate dismissal.

I have received a stand-alone, consumer notification that a consumer report will be requested and used for the purpose of evaluating me for employment, promotion and retention as an employee. (NOTIFICATION STATEMENT AT THE TOP OF THIS PAGE.)

Signature _____ Date: _____