

# **Biddick, Inc. Health Information Form**

11623 State Road 80, Livingston WI 53554  
608-943-6363

Name of Detasseler \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
How many seasons have you worked at Biddick, Inc in the corn fields? \_\_\_\_\_

### **Emergency Contact in the event of Illness or Injury**

Name \_\_\_\_\_ Phone-Daytime \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone-Home \_\_\_\_\_

Name \_\_\_\_\_ Phone-Daytime \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone-Home \_\_\_\_\_

Please list if you have a preference for hospital or doctor. Otherwise Biddick, Inc will choose the closest.

Hospital/Clinic \_\_\_\_\_ Doctor \_\_\_\_\_

### **General Policy on Sickness, Injury and Employment**

The essential job functions of detasseling and or roguing require the employee to be outside walking in the fields amongst plants and insects and in the sunshine most of the time. Heat is always a concern with any type of outside work in the summer time. Prevention of any heat related issues is always the best. Drinking plenty of water and or Gatorade is better than carbonated beverages. Using sunblock several times a day is a good way to prevent burns and helps cut the risk of skin cancer. Wearing clothes that block the sun rays is even a better way to go. Please advise your children of these issues. Water bubblers are available at the main site. Each worker is responsible for taking their own water supply with them to the fields.

**Allergies to bee stings and asthma are serious matters as well. If you carry an EPI Pen or inhaler, please inform us so we can best assist you in a crisis.**

If an illness or injury occurs, Biddick, Inc will call those listed above and request you to pick up your child. If we cannot reach you, we will ask the child to stay in the Biddick, Inc. office until we hear from you. It is Biddick, Inc. policy to not have employees driving home alone if they are not well. If it is an emergency, Biddick, Inc. staff or an ambulance will be called to transport your child for emergency care. You will be notified immediately. It is important to have phone numbers available where you are easily reachable.

**I have read and understand the sickness, injury and employment policies. In the event that I cannot be reached while my Daughter/Son is working for Biddick, Inc. and in the event of an emergency I give my permission for medical treatment.**

Detasseler/Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Detassler (if over 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

Please list any health issues you would like Biddick, Inc. to be aware of: \_\_\_\_\_

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