

Volunteer/Staff HEALTH FORM

You must bring this completed form with you to Camp

Name

Volunteer/Staff will not be allowed to stay at camp without completing and returning this form to the office for filing! Activities you could possibly be involved in at camp but not limited to: Bible lesson, Worships, cookouts, horseback riding, boating, hiking, swimming, fishing, crafts, wagon ride, archery, initiatives games, field sports, and low ropes activities. Volunteer/Staff with special needs are encouraged to contact the Camp Director or other site staff before coming to camp.

Name: _____ SS# _____
 D.O.B. _____ Telephone # _____
 Permanent address _____

Parent/Guardian - Emergency Information

Spouse/Father/Guardian's Name _____
 Address _____
 Home _____ Office _____
 Cell _____ Pager _____

Mother/Guardian's name _____
 Address _____
 Home _____ Office _____
 Cell _____ Pager _____

Emergency Contact Person - Name _____
 Their Relationship to you _____
 Home _____ Office _____
 Pager _____ Cell _____

Doctor Information

Doctor's name _____ Office Number _____

Date of last health examination: _____ (must be within past 2 years)

Are immunizations current for the person: Yes, No. Date of LAST TETNUS SHOT - __/__/__

This individual is physically fit to participate at camp he/she is registered for: Yes No

Signature of Doctor: _____ Date: _____

Insurance Company _____ Policy # _____

Camp Code #

Week of

Check each area as it applies, so that our Health Supervisor will be aware of the needs of your camper.

- | Yes | No | Yes | No | Yes | No |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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PLEASE COMPLETE BOTH SIDES OF THIS FORM

Volunteer/Staff HEALTH FORM
(Side 2)

Medications: list prescription, dosage, frequency; medications brought to camp must be in ORIGINAL containers, clearly labeled, and placed in a ziploc bag with your name on it. (To be kept in a locking container, or with the Health Care personnel at Camp.)

1. _____
2. _____
3. _____
4. _____

Drug allergies or other chronic conditions: list other conditions that require ongoing attention.

1. _____
2. _____
3. _____

Physical Restrictions: list chronic conditions that restrict activity; i.e. heart, lung, arthritis, etc.

1. _____
2. _____
3. _____

Food restrictions: list food allergies, restrictions due to prescriptions, etc.

1. _____
2. _____
3. _____

Over-the-counter medications, I may need while at Camp. The Camp carries a supply of over the counter medications, please do not bring additional medications with you. Check in with the health care personnel for these items.

Yes No

ear drops for swimmer's ear?

antacids for upset stomach?

cough medicine/cough drops?

Benadryl/diphenhydramine?

Medication for diarrhea?

Yes No

Caladryl lotion?

Tylenol/acetaminophen?

Motrin/ibuprofen?

Sudafed/pseudoephedrine?

throat lozenges for soreness?

Parent/Guardian/My CONSENT FOR MEDICAL TREATMENT AND MEDICATIONS

I hereby give my permission to the medical personnel selected by the Camp Director/Site Director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide for or arrange necessary related transportation for my child/or myself. I also give my permission to release information on this form for the purpose of assisting with medical treatment.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director/Site Director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips off site of the camp.

I also understand the Camp Staff will contact me or my emergency contact persons as soon as they are able in the event of any such emergency that concerns my child or myself.

Signature of Parent/Guardian _____ Date _____

Signature of Participating Adult _____ Date _____

Week of

Camp Code #

Name