

Camp Volunteer Health Form

VOLUNTEER: Fill in sections I and II before seeing your physician. Be sure to include any emergency information and restrictions or special care needed.

II. Identification:

Name _____ Age _____ Birthday _____ Sex _____
Address _____ Phone (____) _____
City _____ State _____ Zip _____

In an Emergency Notify:

Name _____ Relationship _____
Address _____ Phone (____) _____
City _____ State _____ Zip _____

II. Medical Information: to be completed by the volunteer

Operations or serious injuries: _____
Penicillin or other drug reactions: _____
Ever had a bee sting? _____ if yes, describe your reaction: _____
Food or other allergies: _____
Special Diet: _____
Medications being taken: _____

Volunteer's state: The above information is accurate to the best of my knowledge. In case of an emergency, I understand that every effort will be made to contact the person stated in Section 1. In the event that he/she cannot be contacted or that I am not able, due to illness or injury to speak for myself, I hereby give permission to the physician selected by the camp director to secure proper treatment for me (including hospitalization and/or surgery).

Volunteer's Signature: _____

III. PHYSICIAN'S STATEMENT: I have examined this camp volunteer and found him/her to be in satisfactory condition, free from communicable disease, and capable of active participation in a regular camping program with the following exceptions:

Is there a medical concern at elevations over 10,000 feet? Yes ___ No ___
Date of last immunization: DPT or DT _____ MMR _____ Adults Tetanus _____

Physician's Signature: _____

Physician's Address: _____ Phone _____

Family Dentist: _____ Phone _____

Medical Insurance ID # _____ Company _____ Phone _____

New injuries, illnesses, surgery or significant changes since sending health form: _____

IV. Camp Nurse Signature: _____ Date _____

Grand Mesa Baptist Camp Lodge 970-856-3455 Dining Hall 970-856-3139