

VOLUNTEER MEDICAL FORM

Summer Camp



Bring this form to Camp at time of arrival!

VOLUNTEER INFORMATION

Last Name	First Name
Birth Date (YYYY/MM/DD)	Sex M F
Home Address	
City / Province	Postal Code
Country	Home Phone () -
Health Card Number	Issuing Province

Volunteer's Name (Last, _____)

EMERGENCY CONTACTS (Not just parents)

Name	Cell/Home Phone	Work Phone	Relationship
#1	()	()	
#2	()	()	
Physician	()	()	

HEALTH INFORMATION (Use Second Page if necessary)

Full disclosure is required to ensure proper care of volunteer. Any medical, emotional, or behavioural condition(s) not disclosed on this medical form could result in the staff being sent home from Camp.

ADD/ADHD	Concussion	Ear Infections / Hearing Issues	Learning Challenges	Visual Issues
Anxiety	Constipation / Diarrhea	Epilepsy / Seizures	Menstrual Difficulties	Weight Concerns or
Asthma / Inhalers	Crohn's / Colitis / IBS	Fetal Alcohol Syndrome	Mental Health Issues	Eating disorder
Bedwetting	Depression	Headaches / Migraines	Nightmares	
Behavioural Issues	Developmental Delays	HIV/AIDS	Sinus Infections	
Chest Pain / Heart Condition	Diabetes	Kidney Disease	Sleepwalking	
Other, please explain				

Programs (e.g. Boys Camp) _____

ALLERGIES

	Description	Details
Drug Allergy		
Environmental Allergy		
Food Allergy		
Other Medical Allergy		

EPIPEN: Do you require an EpiPen? YES NO Reason Used
"Volunteer must bring 2 EpiPen's AND fanny pack for carrying at Camp"

MEDICATIONS BEING BROUGHT TO CAMP (Attach additional sheet if necessary)

	Medication Name	Dosage	Frequency
1			
2			
3			
4			
5			

Dates at Camp _____

All medication must be in their original package and left with the medical volunteer while at Camp. Prescription medication brought to Camp must have the doctor's name, volunteer's name, dosage, schedule, route and date.

To the best of my knowledge I am in good health. I will notify camp if I was exposed to an infectious disease during the three weeks prior to arrival. In the case of medical emergency, I understand that effort will be made to contact the aforementioned individuals. In the event they cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for me. I agree to conditions of enrolment.

Signature _____ Date _____

Please Print Name _____

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