Camp No Worries
2018 Volunteer Health Form

Name: _____ Date of Birth: _____

Medical Information:

Physician Name: _____ Phone: _____
Address: _____
City _____ State _____ Zip _____

Health Insurance Plan: _____ Policy Number _____

** PLEASE ATTACH A COPY OF YOUR INSURANCE CARD**
Camp No Worries recommends that you have insurance coverage as you will be responsible for any/all personal medical bills incurred while at Camp.

General Health History:

Do you have a history of any of the following? (Check all that apply)

- ☐ Asthma
- ☐ Blood disorder
- ☐ Ear Infection
- ☐ Arthritis
- ☐ High Blood Pressure
- ☐ Headaches
- ☐ Seizures
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Other

Please describe in more detail any of the above that are checked:

Do you have a history of any of the following allergies? (Check all that apply)

- ☐ Hay Fever
- ☐ Nuts
- ☐ Poison Ivy
- ☐ Bee/insect stings
- ☐ Food
- ☐ Medications
- ☐ Other

Please describe in more detail any of the above that are checked:

Please describe any restrictions or limitations you have as a result of any medical conditions:

Dietary Needs/Food Restrictions:

☐ Vegetarian
☐ Vegan
☐ Gluten allergy
☐ Other: _____

If necessary, please use this space to provide additional detail:

Medications being taken

Please list ALL medications being taken including OTC or non-prescription drugs:

Drug	_____	Dose _____	Frequency _____
Drug	_____	Dose _____	Frequency _____
Drug	_____	Dose _____	Frequency _____
Drug	_____	Dose _____	Frequency _____

Please note: Once on-site at camp, all counselors/staff must sign-in, label and keep any and all medications in the camp infirmary!

Immunization History

Please provide dates, estimated dates or dates of titers:

Tetanus _____	Varicella _____	Hepatitis B _____
Measles _____	Mumps _____	Rubella _____

Release and Acknowledgement

In signing this form, I swear that the information contained herein is complete and true. I give permission for Camp No Worries medical staff, or such designees as the medical staff may appoint, to administer any routine and/or emergency first-aid as may be necessary. I understand that every effort will be made to contact my named emergency person, but in the event that they cannot be reached, I hereby give permission to Camp No Worries medical staff to hospitalize and/or secure proper medical treatment, including carrying out any medical or surgical procedures, as needed. I understand that I will be expected to make arrangements for ongoing medical care and treatment for chronic conditions, especially those usually cared for by specialists, in the local medical community.

I have read, understand and agree to abide by the above. I also attest that I am physically and mentally fit for camp, and there are no medical restrictions that would limit my ability to perform the essential functions of my job. I understand that the camp assumes no responsibility for any preexisting injury or illness.

Signature: _____ Date: _____