



Adult Volunteer Health Information

eaglefern

Please fill out form completely and legibly with black ink.

Physician & Insurance Information

Full Legal Name _____
Camp Week(s) Attending _____
Doctor _____ Phone (____) _____
Dentist _____ Phone (____) _____
Health Insurance Provider _____
Group ID # _____ Preferred Hospital _____

Medications

Med _____ Med _____
Condition _____ Condition _____

Med _____ Med _____
Condition _____ Condition _____

Health History

Volunteer health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please describe in the column on the right of this form.

Date of last Tetanus booster ____ / ____ / ____

Please check and explain all that apply:

- Frequent Colds
- Heart Problems
- Diabetes
- Frequent Sore Throat
- Kidney, Lung Problems
- Tuberculosis
- Fainting
- Severe reactions to bee stings, latex, pets, etc.

Explanation _____

Any restriction of activity due to disability or for medical reasons? Yes No
If yes, please explain _____

Do you have any non-food allergies? Yes No If yes, please specify:

Do you have any food allergies: Yes No If yes, please specify: _____

Any other medical conditions of which the camp staff should be aware? If so, please explain _____

Medical Treatment/Insurance Information

Treatment: In case of medical or surgical emergency, permission is hereby granted to the physician and/or emergency personnel by the Camp Director to hospitalize and/or secure medical treatment for myself. Eagle Fern Camp, the Staff, Directors and other volunteers shall be held harmless for securing such treatment.

Insurance: I understand that Eagle Fern Camp provides no secondary medical/accidental insurance coverage on volunteers and temporary staff. I understand all sickness/accident claims go directly to my insurance provider. I understand that health care provided by EFC nurses is done so without compensation. They may be held liable for injury, death or loss arising out of providing these services only for acts of gross negligence.

Print Name _____

Signature required _____ Date ____/____/____

Emergency Contact Information

Emergency Contact: _____
Street Address: _____
Mailing Address: _____

City _____ State _____ Zip _____
(____) _____ (____) _____
Primary Phone # Alternate Phone #

Correspondence

Eagle Fern Camp
37700 SE Camp Road
Estacada, Oregon 97023
Phone: 503-630-4978
Fax: 503-630-3356
Or on the web at:
www.eagleferncamp.com