

CMMBC STAFF-VOLUNTEER MEDICAL FORM

2390 Horse Hollow Rd., Jonesville, VA 24263

276-346-1013

www.cmmbc.org

Name: _____ Gender: M / F Date of Birth ____/____/____

Address: _____ City _____ State ____ Zip _____

Select the purpose of your volunteering:

Pathfinders (grades K-5) Trailblazers (grades 4-6) Junior Camp (grades 6-8) Senior Camp (grades 9-12)

Other _____

Parent/Guardian Information (if volunteer is under age 18)

Name 1: _____ Phone #1: (____) _____ Phone #2: (____) _____

Name 2: _____ Phone #1: (____) _____ Phone #2: (____) _____

Address: if different from above _____

Emergency Contact

Name: _____ Relationship: _____

Phone #1: (____) _____ Phone #2: (____) _____

Health Insurance/Doctor Information

Insurance Company: _____ Policy /Group # _____

Doctor's Name: _____ Doctor's Phone: (____) _____

Health History

If the answer to any of these questions is "yes," please check the box in front of condition and provide additional information as appropriate below.

diabetes seizures allergies allergy shots (desensitization) glasses contact lenses

List food allergies or sensitivities: _____

Other significant information? _____

Last Tetanus Booster: _____ (year)

Medication Information

Does the volunteer usually take any medication that is being discontinued during the volunteer period? yes or no

If yes, please explain: _____

Please check the boxes for any over-the-counter medicines that can be dispensed to this volunteer, as deemed necessary:

<i>For Fever/Pain</i>	<i>For Cold/Allergies</i>	<i>For Stomach</i>	<i>For Topical Treatment</i>
<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Diphenhydramine (Benedryl) <input type="checkbox"/> Pseudoephedrine Hydrochloride (Sudafed) <input type="checkbox"/> Loratadine (Claritin) <input type="checkbox"/> Fexofenadine (Allegra)	<input type="checkbox"/> Calcium Antacid Tablets (i.e. Tums) <input type="checkbox"/> Bismuth subsalicylate (Pepto Bismol) <input type="checkbox"/> Loperamide (Immodium)	<input type="checkbox"/> Antibiotic Ointment <input type="checkbox"/> Burn Ointment <input type="checkbox"/> Calamine Lotion <input type="checkbox"/> Hydrocortisone cream <input type="checkbox"/> Sting Eze for insect bites <input type="checkbox"/> Chloraseptic spray <input type="checkbox"/> Cough drops

Please note the volunteer's current medications (prescription, over-the counter, and vitamins/supplements). During summer camps, all medication for volunteers under the age of 18 and for those staying in the camper cabins will be given to camp nurse. All medications must be in original containers.

Name of medication	dosage	schedule	comments

Parent/Legal Guardian Authorization - SIGNATURE REQUIRED if volunteer is under 18 years

My signature below indicates that the above named volunteer has permission to engage in all camp activities (unless noted otherwise) on and off camp grounds, and to be transported to and participate in, excursions off camp grounds (including swimming), under the supervision of CMMBC staff. I understand that staff members are expected to comply with camp rules, and anyone disregarding camp rules is subject to being sent home.

I give permission for the CMMBC staff to:

- (1) provide routine health care (including medication) for the above named volunteer. I understand all medications, including over-the-counter, must be kept by the nurse during summer camps. If deemed necessary, I authorize them to obtain services of medical professionals and to provide necessary related transportation. I authorize any physician and any hospital, through its medical staff, to take appropriate measures. I understand that I am responsible to pay for my child's medical care, including any emergency care authorized in this section. I agree to the release of these records for insurance purposes and/or as requested by a physician for the care of my minor child. The camp will make reasonable efforts to notify parents promptly if measures other than routine care are taken.
- (2) photograph and record this staff member and to use his/her images or sound prints in promotional materials for CMMBC.
- (3) use of a photocopy of this form as my authorization

Signature of Parent/Guardian _____ Date _____

Volunteer Agreement - SIGNATURE REQUIRED

I understand the importance of, and will adhere to, camp safety regulations and the directions given to me by camp leaders so they can provide me and others with a safe, pleasant and memorable camp experience. I will be sure to give all medications to the nurse during camp. I understand that if I fail to follow camp rules, I may be sent home.

Signature of staff member _____ Date _____