Volunteer Medical Release Form

Please fill out this form so that we have updated information on you should you need medical attention while working at River of Life Camp.

Last Name ______________ First Name ______________ M.I. ____ Date of Birth ______________

Parent or Guardian Information
Name ____
Address _____________________________ City _____________________ Zip Code ___________
Daytime Phone # __________________________ Evening Phone # ___________________________

Health Insurance Coverage

Name of Company ______________________________ Policy Number ______________________

Policy Holder's Name ______________________ Company's Phone # ______________________

Emergency Contact Numbers (other than parents or guardians)

Name _____________________ Phone ________________ Relationship _____________________

Name _____________________ Phone ________________ Relationship _____________________

Family Physician _______________________________________ Phone _____________________

History

Volunteer has or has had the following: (please make note of year that it occurred.)

□ Anemia _____
□ Chicken Pox _____
□ Diabetes _____
□ Hay Fever _____
□ Infectious Jaundice _____
□ Mononucleosis _____
□ Whooping Cough _____
□ Hives _____
□ Scarlet Fever _____
□ Measles _____
□ Pneumonia _____
□ Rheumatic Fever _____
□ Sinusitis _____
□ Asthma _____
□ Rubella _____
□ Bronchitis _____
□ Mumps _____
□ Other ________________________________ (be specific)
□ Cholera _____
□ Diphtheria _____
□ Epilepsy _____
□ Frequent Sore Throat ____
□ Hearing Problems _____
□ Speech Defect _____
□ Frequent Colds _____
□ Otitis Media _____

Has this person had any operations? ________ If yes, then please give us the type and date

____

Medication

Medication on currently ____
(State law requires that all medication be given to the camp nurse and in their original containers.)

Allergies

Allergic to □ Penicillin □ Sulfa □ Aspirin □ Bees □ Other including any food allergies ______

____

Immunization

Proof of Immunization. Immunizations must be updated if not in accordance with Vermont State Regulations.

- Proof of Measles means two doses of measles vaccine on or after your 1st birthday and at least 30 days apart, and/or a physician-documented history of the disease or serological evidence of immunity.
- Proof of Rubella means one dose of rubella vaccine on or after your 1st birthday or serologic evidence of immunity.
- Proof of Mumps means one dose of mumps vaccine on or after your 1st birthday, a physician-documented history of the disease, or serologic evidence of immunity.

Immunization History		1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose
Diphtheria & Tetanus Toxoid DT						
Polio Vaccine 5 (Live Oral Sabin) Minimum of 4 doses for those under age 18.						
Refer to Immunity Schedule	Measles					
	Mumps					
	Rubella					

Please provide us with any other information relevant to the health and welfare of your child.

Include any activities that this person is unable to participate in and any special problems or

conditions.____

____

Parent/Guardian Authorization: To the best of my knowledge, the information that I have given here is complete and accurate. The person to whom this form applies to has my permission to participate in all activities scheduled by River of Life both on and off camp property except as noted above. I understand that, in the case of an emergency, every effort will be made to contact me. But if I am unable to be reached, I grant River of Life my permission to use their selected physician to treat and, if need be, to hospitalize my child. I further give River of Life's selected physician my permission to order x-rays, routine tests and treatments including but not limited to injections, anesthesia and surgery at their discretion. I understand that, in the case of an injury, my insurance will be used as the primary coverage. I also, hereby give River of Life's Camp Nurse permission to treat minor ailments such as headaches, upset stomachs and minor abrasions. All medication and vitamins must be given to the Camp Nurse for dispensing in the original containers. In addition, I give River of Life permission to use my child's picture or video footage in the future in camp promotional material.

Volunteer's Signature _____________________________________ Date ____________
(or Parent's signature if under 18)

I give permission to the River of Life camp staff to give Tylenol and/or Motrin to my child if the need arises.

____ (Printed name of volunteer)

____ (Signature) _______________ (Date)
(Parent or guardians' signature if under 18)