

ADULT VOLUNTEER

North Naples Church
VOLUNTEER Medical Information Form/Participation Authorization
Serve Your World Camp 2019
June 17 - June 21 OR July 8 - July 12

Note: Form must be filled out by legal adult

Volunteer Name _____
Last First Middle

Date of Birth _____ Age _____ Cell Phone _____

Home Address _____ Zip Code _____

Emergency Contact Name _____

Emergency Contact Home Phone # _____ Work # _____ Cell # _____

Volunteer is physically fit and has the necessary skills to safely participation in these activities
 Yes No

Any Known Medical Conditions (diabetes, asthma, etc.)

Volunteer has restrictions on these activities

Current or Intermittent Medicines taken (include any & all medications)

Please list all known Allergies

Physician's Name _____ Phone # _____

Physician's Office Address _____

AUTHORIZATION FOR MEDICAL TREATMENT

It is my understanding that the Church will attempt to notify parents/emergency contact in case of a medical emergency. If the church cannot reach parents/emergency contact, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred and have health insurance with the company/policy listed below. I will notify the church if I feel there are any health considerations that would prevent participation in any of the activities listed above.

Plan Name _____ Policy # _____

Date _____ Parent/Guardian/ Adult Signature _____