PERSONAL MEDICAL INFORMATION

This form is in addition to an updated physical

Please complete this form if you are Under 18 and/or if you have medications to store with the nursing team.

Date of Tetanus (Tdap) Vaccine:_______________

COVID-19 Vaccine Status: ____ Fully Vaccinated with proof of card _____Scheduled vaccine before June 25

Describe any medical/physical limitation on the type of volunteer work you can perform:
____
____

List and existing medical problems or handicapping conditions, including allergic reactions to any food or drugs:____
____

Name of Family Physician:____________________________________ Phone:_____________________________
Address: ____
Name of Family Dentist/Orthodontist:_____________________________ Phone:_____________________________
Address:____

If non-emergency medical treatment is required while volunteering at camp, do you request that such medical treatment be done at a specific hospital or clinic? ______If so, where:____

INSURANCE INFORMATION:

Company: _________________________________ Contact Person: ________________________
Policy Number: _____________________________ Phone Number: ________________________
Group Number: _____________________________ Policy Issued to: ______________________

All medications, including over-the-counter medications, must be stored with the nursing team.

Name of Medication	Dosage	Specific Times Given	Reason Given

______ (initial) **I give permission for the Camp SOAR medical personnel to provide basic first aid and/or treatment of minor illness. I also give permission for my child/self to ride in private vehicles owned by Camp SOAR staff members for non-emergency medical treatment such as, but not limited to, lab test, xrays, and/or treatment or while participating in Camp SOAR activities.**

Print name of Parent/Guadian:____

Print name of Counselor/Volunteer: ____

Parent/Guardian Signature:____

Date:_______________________

This form may be sent one of the following ways:

Email: srieger@cr-triangle.org

Fax: 312-726-4021

Mail: 70 E Lake Street, Suite 1300, Chicago, IL 60601

This form must be received in order to attend Camp SOAR