



Silver Lake

mennonite camp

VOLUNTEER MEDICAL FORM 2011

Name _____ Male Female

Week at Camp _____ Dates _____, 2011

Birthdate M____D____Y____ Email _____

Address _____

City/Town _____ Province _____ Postal Code _____

Phone: Home (____) _____ Work (____) _____

In case of Emergency: please contact _____

Relation _____

Phone: Home (____) _____ Work (____) _____

Physician's Name _____

Phone (____) _____

Address _____ City _____

HEALTH CARD NUMBER _____

Other Medical Plan (please specify) _____

INDICATE if subject to any of the following:

- colds kidney trouble arthritis seizures
 asthma anaphylaxis heart trouble diabetes
 black-outs migraines other _____

Please give a brief description of the condition. What is an expected norm for you?

ALLERGIES: Please LIST any and ALL allergies (e.g. medication, food, insects, or environmental):

Specify reaction, severity and any treatment/medication required:

Do you carry an **ANA Kit**? or an **Epipen**? & know how to administer it yourself? Yes No If you normally carry an **ANA Kit**, **Epipen**, or **asthma inhaler**, we request that **2 sets be brought to camp** - one for you and a back-up to be kept by the medic.

Do you have any **DIETARY RESTRICTIONS**? Please be specific:

TETANUS SHOT Is your tetanus immunization up to date? Yes No .

If yes, please circle last year given: 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11

All **MEDICATIONS** must be given to our medic at registration time. **Medications must be in their original containers**; please ensure that the following are clearly labelled: the volunteer's name, the name of the medication, the dosage and any other necessary information.

1. **Name of Drug:** _____

Dosage: _____

Reason prescribed: _____

2. **Name of Drug:** _____

Dosage: _____

Reason prescribed: _____

3. **Name of Drug:** _____

Dosage: _____

Reason prescribed: _____

OTHER INFO: Medical details, recent injuries, illness, or pertinent information we should know?

_____ Date

_____ Signature of Volunteer (or guardian if under 18)