

Volunteer Maintenance Staff Medical and Information Form

It is very important that you fill in all of the information and submit it to the property committee prior to your arrival at Camp Manitou. PLEASE PRINT.

Name _____
Age _____ Birth Date _____
Address: Street _____
City _____ Province _____ Postal Code _____
Phone (____) _____

Ontario Health Card Number _____
Drug Plan and Number _____
Family Doctor _____ Phone (____) _____
Date of last Tetanus Shot _____

Phone Numbers:

Person to be contacted in case of an emergency:

Name _____ Relationship to you _____
Home number (____) _____
Work number (____) _____

Alternate contact:

Name _____ Relationship to you _____
Home number (____) _____
Work number (____) _____

Please note: if contact person will not be at home during the time that you are at camp please be sure to have the name and number where they can be contacted.

Allergies or Susceptibilities:

Foods _____
Drugs _____
Fly Bites _____
Poison Ivy _____
Others _____

Are you afflicted by any of the following? Please check any applicable problems (please provide details on a separate sheet, if necessary)

Asthmatic Attacks	Epilepsy	Convulsions
Frequent Headaches	Chronic Ear Trouble	Hay Fever
Frequent Sore Throat	Diabetes	Heart Trouble
Fainting Spells	Bronchitis	Kidney Trouble
Sleep Walking	Nightmares	Arthritis

List any other disorders, physical or otherwise that may prevent you from performing your duties: _____

Are there any concerns that your supervisor should be aware of?

Do you expect be taking prescribed medication at camp? Yes No

Comment: _____

To the best of my knowledge I am in good health and I am capable of performing my duties as part of the camp maintenance staff. I understand that while every care and attention will be given to my health, safety, and comfort, neither the Camp Directors nor the Camp Committee can be held responsible for any accident that may occur. Should emergency medical care be required, I hereby authorize my supervisor or the camp health care provider to secure such medical advice and services as deemed necessary for my health and welfare. I agree to accept financial responsibility for costs in excess of the benefits allowed under the Ontario Hospital and Camp Insurance plans.

Signature of Volunteer _____ Date _____

Signature of Parent or Guardian if Volunteer is under 18 years of age _____