



Physician & Insurance Information

Full Legal Name _____
 Camp Week(s) Attending _____
 Doctor _____ Phone (____) _____
 Dentist _____ Phone (____) _____
 Health Insurance Provider _____
 Group ID # _____ Preferred Hospital _____

Medications

Med _____ Med _____
 Condition _____ Condition _____
 Med _____ Med _____
 Condition _____ Condition _____

Health History

Volunteer health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please describe in the column on the right of this form.

Date of last Tetanus booster ____ / ____ / ____

Please check and explain all that apply:

- Frequent Colds Heart Problems Diabetes
- Frequent Sore Throat Kidney, Lung Problems Tuberculosis
- Fainting Severe reactions to food, bee stings, etc.

Explanation _____

Any restriction of activity due to disability or for medical reasons? Yes No
 If yes, please explain _____

Do you have allergies? Yes No If yes, please specify _____

Any special diet needs? (diabetic, food allergies, etc.) _____

Any other medical conditions of which the camp staff should be aware? If so, please explain _____

Are you allergic to any medications? Yes No If yes, please specify _____

Medical Treatment/Insurance Information

Treatment: In case of medical or surgical emergency, permission is hereby granted to the physician and/or emergency personnel by the Camp Director to hospitalize and/or secure medical treatment for myself. Eagle Fern Camp, the Staff, Directors and other volunteers shall be held harmless for securing such treatment.

Insurance: I understand that Eagle Fern Camp provides no secondary medical/accidental insurance coverage on volunteers and temporary staff. I understand all sickness/accident claims go directly to my insurance provider. I understand that health care provided by EFC nurses is done so without compensation. They may be held liable for injury, death or loss arising out of providing these services only for acts of gross negligence.

Print Name _____

Signature required _____ Date ____ / ____ / ____

Emergency Contact Information

Emergency Contact: _____

Street Address: _____

Mailing Address: _____

City _____ State _____ Zip _____
 (____) _____ (____) _____
 Primary Phone # Alternate Phone #

Correspondence

Eagle Fern Camp
 37700 SE Camp Road
 Estacada, Oregon 97023
 Phone: 503-630-4978
 Fax: 503-630-3356
 Or on the web at:
www.eagleferncamp.com