

CONSENT TO VOLUNTEER



W5639 ANOKIJIG LANE

PLYMOUTH, WI 53073-2868

(920) 893-0782

NAME _____ BIRTHDATE _____ AGE _____ SEX _____
LAST FIRST MI

PARENT(S)/GUARDIAN(S) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

FATHERS WORK PHONE _____ MOTHERS WORK PHONE _____

ANY ALTERNATE PHONE NUMBERS: (cell, etc.) _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY _____

ADDRESS _____ PHONE _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN, SUCH THAT IN THE CASE OF ANY EMERGENCY THERE IS NO DELAY OF TREATMENT.

SIGNATURE & DATE ARE REQUIRED

DATE OF LAST TETANUS SHOT: _____

PLEASE LIST ANY ALLERGIES: _____

DESCRIBE ANY MAJOR MEDICAL PROBLEMS: _____

MEDICAL BILLS INCURRED WILL BE MAILED TO ADDRESS LISTED ABOVE UNLESS COPY OF COMPLETE CURRENT INSURANCE INFORMATION IS ATTACHED (COPY OF BOTH SIDES OF INSURANCE CARD).

COPY OF INSURANCE INFORMATION PROVIDED: [] YES [] NO

NAME OF FAMILY MEDICAL/HOSPITAL INSURANCE _____

GROUP OR POLICY NUMBER _____

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the Camp Management to provide routine health care (administer medications, order X-Rays, etc...); to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named on this form. The completed forms may be photocopied for trips out of camp. I understand that out of camp trips may be involved and I give my camper permission to attend these trips. I understand that Camp Anokijig does not cover camper health and medical expenses.

RELEASE: This consent form is correct so far as I know and the person named in this form has permission to engage in all camp activities except as noted. I give permission for Camp Anokijig to use photos, videos, voice, and images taken of the person named herein for purposes that Camp Anokijig deems appropriate.

Signature _____ Date _____

(Parent/Legal Guardian)