



2020 Volunteer Medical Form & Waivers

Volunteer's name: _____ Site: _____
 Date of Birth: ____/____/____ Event start date: ____/____/____
 Address: _____ City: _____ State: ____ Zip: _____

Medical Information:

Primary Care Physician: _____ PCP Phone #: (____)____-____
 Allergies: _____ Causes anaphylaxis? Yes No

Please describe reaction and what is done to manage it? _____

History of: Asthma Seizures Severe allergy Diabetes Bleeding/clotting disorder High blood pressure

Last Tetanus Shot? ____/____/____

Will you have any medications? Yes No

If yes, list all medications below (add sheet if needed). All medication must be in its original container, labeled with your name, and given to the medic at check-in. **Please note herbal remedies, vitamins, and oils cannot be administered by the camp or counselors*

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet ex 2: Zyrtec syrup</i>	<i>5mg 1 teaspoon</i>	<i>Breakfast As needed</i>	

Other medical information that will help us best serve you? _____

Emergency Contacts:

Name: _____ Name: _____
 Relationship: _____ Relationship: _____
 Number: C H W (____)____-____ Number: C H W (____)____-____
 Number: C H W (____)____-____ Number: C H W (____)____-____

Insurance Information:

Are you covered by family medical/hospital insurance? Yes No
 Policy holder's name: _____ Employer's name: _____
 Relationship: _____ Insurance provider: _____
 Group #: _____ Policy #: _____

Be sure to complete page 2...

Please print and complete both pages of this form; and return it to your site within two weeks.

All volunteers must sign the release below. Volunteers under the age of 18: In order to serve, all volunteers under the age of 18 must have a parent or legal guardian sign the releases below.

VOLUNTEER AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made by Impact 2818 Management Staff, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Impact 2818 send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances, and for the laboratory or other testing facility to release any and all documentation relating to such test to Impact 2818 and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Impact 2818 to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only authorized Impact 2818 employees and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Impact 2818 and any testing laboratory Impact 2818 might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if an Impact 2818 or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Impact 2818 and any testing laboratory Impact 2818 might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY MAY REQUEST A DRUG SCREEN AND/OR ALCOHOL TEST AT ANYTIME, FOR SUSPICION OF USE OR RANDOM TESTING, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Volunteer/parent
(If a minor, parent's signature is required)

Volunteer Name - Printed

Date _____

MEDICAL, PHOTO/VIDEO WAIVER

In the event of my/my child's involvement in an emergency while at camp, I understand that every effort will be made to contact me. I hereby give permission for myself/my child to be treated by a physician selected by the camp and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff. I understand that failing to disclose some medical conditions may result in an inability of the camps to serve myself/my child. I understand that in order to best care for myself/my child, Impact 2818 reserves the right to decline attendance for myself/my child if the Camp Manager believes the camp is not able to provide quality care for myself/my camper regarding disclosed or undisclosed medical or behavioral needs. Also, I understand that pictures/video may be taken of myself/my child at camp and used for publicity purposes by Impact 2818.

Volunteer signature: _____ Volunteer printed name: _____

Parent/guardian signature: _____ Phone number: C H W (_____)_____-_____