

*North Naples Church
Volunteer Medical Information Form
Serve Your World Camp 2018
June 18 - June 22, 2018*

Name _____
Last First Middle

Date of Birth _____ Age _____ Cell Phone _____

Home Address _____ Zip Code _____

Emergency Contact Name _____

Emergency Contact Home Phone # _____ Work # _____ Cell # _____

Any Known Medical Conditions (diabetes, asthma, etc.)

Current or Intermittent Medicines taken (include any & all medications)

Please list all known Allergies

Physician's Name _____ Phone # _____

Physician's Office Address _____

AUTHORIZATION FOR MEDICAL TREATMENT

In the event of a medical emergency, whereby my child _____
(PLEASE PRINT CHILD VOLUNTEER'S NAME)

or myself _____ should need any medical treatment or
(PLEASE PRINT ADULT VOLUNTEER NAME)

hospitalization, permission is granted to the staff of North Naples Church to obtain the necessary care. I understand that every effort possible will be made to contact me. I guarantee all payments for medical care for my child or myself and have healthcare insurance with:

Plan Name _____ Policy # _____

Date _____ Parent/Guardian/ Adult Signature _____