

**Grand Mesa Baptist Camp
Volunteer Health History/Medical Information**

Name _____ Birthday _____ Gender _____

Address _____ Phone _____

City _____ State _____ Zip _____

In Case of Emergency Notify:

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Health History/Medical Information:

Operations or serious injuries _____

Communicable diseases, chronic illnesses _____

Penicillin or other drug reactions _____

Food or other allergies _____

Medications being taken _____

Special diet _____

Necessary health procedures _____

The above information is accurate to the best of my knowledge. In case of an emergency, I understand that every effort will be made to contact the person indicated for emergency notification. In the event that he/she cannot be contacted or that I am not able, due to illness or injury to speak for myself, I hereby give permission to the medical personnel selected by the camp director to secure proper treatment for me (including hospitalization and/or surgery).

Volunteer's Signature _____ **Date** _____