

**VOLUNTEER HEALTH INFORMATION FORM  
BALTIMORE WASHINGTON CONFERENCE CAMPS**

Please return this completed and signed to the Camp Director at the beginning of your week at camp  
CIT's should have a completed Health Profile in the CampDoc System. **This form is for Volunteers age 21 and older.**

**PLEASE PRINT**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Are they at camp with you? YES NO

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Are they at camp with you? YES NO

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

\*Do you have your own children/grandchildren at camp with you that we would need to care for/arrange transportation for, if anything happened to you? *We would consider the Emergency Contacts listed above as being able to "check out" your campers and take them home if needed.*

Please list your children/grandchildren's names and camps they are attending:

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**ARE THERE ANY SPECIAL CONDITIONS WE SHOULD KNOW ABOUT?**

Special dietary needs? \_\_\_\_\_

Physical? \_\_\_\_\_

Emotional? \_\_\_\_\_

Allergies (including medicines) \_\_\_\_\_

Have you been hospitalized or had outpatient surgery in the past two years? \_\_\_ Yes \_\_\_ No

If yes please explain \_\_\_\_\_

Have you had any psychological counseling or hospitalization? \_\_\_ Yes \_\_\_ No

If yes please explain \_\_\_\_\_

Do you take any medications on a routine basis? \_Yes \_\_\_No

Please list medication and reason for taking. (if needed please use additional paper)

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IN CASE OF EMERGENCY I understand every effort will be made to contact the person(s) I have named on this form. In the event they cannot be reached, I hereby give permission to the medical personnel selected by the Camp Manager/Director to hospitalize, secure proper treatment for, and to order injection, and/or anesthesia and/or surgery for myself as named above. This form may be photocopied for use out of camp. I hereby declare that the information listed on this form is true and correct to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_