

Name: Last _____ First _____ MI _____ DOB _____
 Address: _____ City _____ State _____ Zip _____
 Home Phone: _____ Cell _____ Work _____
 Emergency Contact Person: 1. _____ Phone _____
 2. _____ Phone _____
 T Shirt Size S M L XL 2X 3X Email _____
 My address has changed in the last 12 months: Y N

Branch Adventures Staff Health Form

Medical/Health Insurance Company: _____

Policy No: _____

Medical History: _____

Medicine taken (prescription or other): _____

Allergies to medication, foods, or other: _____

Any current infectious diseases: _____

Immunization Status: _____

List any special needs, limitations, or adaptations you have, either physical or behavioral, that we can help with in order for you to participate in all aspects of camp life: _____

I, _____, am volunteering at Branch Adventures. I state that I am in good health. I authorize the Branch Adventures staff to consent medical or dental care or both for me if I am incapacitated and my emergency contact is not available. I grant their authority to include administering and authorizing routine medical care, any x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care under the supervision and upon the advice of a physician and surgeon licensed for medical practice. I will not hold Branch Adventures responsible for any injury and will take care of all medical costs.

Signature _____ Date _____

I give Branch Adventures permission to use photos or likeness of myself for their promotional use. Yes No

Signature of Parent/Guardian of minor _____ Date _____