

CAMP KOOLAREE
Kootenay Presbytery, United Church of Canada
1300 Pine Ave, Trail BC V1R 4E6

Volunteer Health Information

NAME: _____
Surname Given Name(s)

Birthdate (Month/Day/Year): _____

ADDRESS:
Street _____ Box _____
Town _____ Prov _____
Postal Code _____

TELEPHONE: _____ **E-MAIL:** _____

CARE CARD NO: _____
(Must be provided)

EMERGENCY CONTACT:

NAME:

ADDRESS: Street _____
Box No. _____
Town _____
Prov. _____ Postal Code _____

TELEPHONE: (Day) _____ (Night) _____

Any recent illness? : Yes No

If yes, please supply details:

Please indicate if and when you have been affected by any of the following:

Allergies (medication, food)

Appendicitis

Asthma

Diabetes

Epilepsy

Fainting spells

Hay fever

Heart disease

Kidney disease

Mental illness

Sleep walking

Do you carry or need an anaphylaxis kit?

Yes

No

Reason:

Please indicate if and when you were inoculated or vaccinated for the following:

Diphtheria

Hepatitis B

Measles

Mumps

Polio (Salk or Sabin)

Rubella

Tetanus

Other injections or vaccinations

Signature of applicant: _____ **Date:** _____

By signing above you agree to abide by the camp rules for health and safety. Members of the staff must be examined by their own doctor who will complete the accompanying Staff Health Certificate.