



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

**Volunteer's 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:** \_\_\_\_\_  
Surname Given Name(s)

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:**

Street \_\_\_\_\_ Box \_\_\_\_\_

Town \_\_\_\_\_ Prov \_\_\_\_\_

Postal Code \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**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 (meds, food) _____	Fainting spells _____
Appendicitis _____	Hay fever _____
Asthma _____	Heart disease _____
Diabetes _____	Kidney disease _____
Epilepsy _____	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**.