



Camp St. Vincent

242 S Patterson Park Ave

Baltimore MD 21231

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Contact: Rebecca Horner - rebecca.horner@vincentbaltimore.org

Volunteer Health Form

PRINT FULL NAME

DATE:

D.O.B

AGE:

GENDER: M / F

PARENT/GUARDIAN

PHONE(H)

(W)

(C)

ADDRESS

City/State/Zip

If not available in an emergency, notify:

Name

Relationship

Day Time Phone:

Cell/Mobile Phone

Address

City/State/Zip

1. Health History: The following *information must be filled in* by the parent/guardian. The intent of this information is to provide appropriate care. Has/does the Volunteer:

Have frequent headaches? Yes No **Have diabetes?** Yes No

Wear glasses, contacts or protective eye wear? Yes No **Have asthma?** Yes No

Ever had frequent ear infections? Yes No **Have skin problems?** Yes No

Ever had or currently has emotional difficulties for which professional help was sought? Yes No

Please explain any "yes" answers. _____

2. Allergies, description, reaction and management of reaction.

Medication allergies Food allergies

Other allergies [include insect stings, hay fever, asthma, animal dander, etc]

3. **Physician Name:** Phone:

4. IMMUNIZATIONS

All staff or volunteers under 18 years old must be current on all immunizations.

A. I have been enrolled in a Maryland school, public or private, within the past year?

Yes – Provide name of Maryland School:

No - Provide a copy of immunizations confirming that the child has received immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (immunization) for information.

B. Is staff or volunteer exempt from any immunizations on medical or religious grounds?

Yes – provide a signed copy of Maryland DHMH Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

No

