



# Christian Camp & Retreat Center

## Volunteer Medical Information & Release Form

Volunteer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dates of Volunteer Activity at Cowboy's Rest: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Contact Names: \_\_\_\_\_  
Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Relation to Volunteer: \_\_\_\_\_  
Additional Emergency Numbers: \_\_\_\_\_

**The volunteer's medical insurance plan is the primary source of coverage for accidents.**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Holder's Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of last Tetanus shot: \_\_\_\_\_ Current Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Any activity restrictions? \_\_\_\_\_  
Other pertinent information: \_\_\_\_\_

**In the event of a medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for**

\_\_\_\_\_ (name of volunteer). **I also agree to pay for any fees incurred, and I understand that Cowboy's Rest and its staff will not be held responsible or liable for any related expenses.**

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

*must be signed by a parent or guardian if volunteer is under 18 years of age*