Camp Fire
Light the fire within

☐ Youth

☐ Adult

Health Form
Office use: Valid from

_____ to _____

PRINT CLEARLY – USE BLACK INK ONLY – MUST BE NOTARIZED

I understand it is my responsibility to notify Camp Fire of any change to the health and/or emergency contact information listed below.

Name of Applicant		Date of Birth Age Grade	
Mailing Address		Home Address – if different	
City State Zip		City State Zip	
Phone		☐ Male ☐ Female	
First Emergency Contact (Parent/Guardian/Spouse)		Second Emergency Contact	
Relationship to Applicant		Relationship to Applicant	
Work Phone	Home Phone	Work Phone	Home Phone
Cell / Alternate Phone		Cell / Alternate Phone	
If contact(s) are ***unavailable***, name of alternate emergency contact Relationship Phone(s)			
Doctor Phone		Dentist Phone	
Swimming Ability: ☐ Non-swimmer ☐ Beginner ☐ Intermediate ☐ Advanced ☐ Current Lifeguard Certification			

List any physical or learning disabilities, chronic illnesses, or birth defects:

	YES	NO		YES	NO
Immunizations Current			Sleepwalking		
Tetanus Current			Hearing Loss		
Motion Sickness			Nose Bleeds		
Fainting			Frequent Headaches		
ADD *Medication Required*			ADHD *Medication Required*		

ALLERGIES	YES	NO	PLEASE DESCRIBE
Medications			
Food			
Insects *Medication Required*			
Pollen and Dust			

Participant Name:

OTHER ILLNESSES	YES	NO	PLEASE DESCRIBE
Asthma			
Use an Inhaler			
Use a Nebulizer			
Seizure Disorder			
Controlled by medication			
Diabetes			
Controlled by insulin			

All Applicants

If you or your child has had a serious accident or illness within the past twelve months or are subject to a more serious health condition or if there are any questions about activity restriction, at the discretion of the Executive Director, further information or specific information to participate in activities from a physician may be required.

In the event of any illness or accident requiring emergency treatment while involved in any Camp Fire activity, I hereby give my permission for any necessary hospitalization, medication, surgery or transportation on recommendation of medical personnel, staff, or the volunteer in charge, in which case all such expenses shall be paid by me. I hereby waive and release Camp Fire Sunshine Central Florida, Inc., Camp Fire and its employees, affiliates, volunteers and directors, and owners/operators of the facility where I am engaged in a Camp Fire USA activity (collectively referred to herein as "Releasees") from all claims, liability, loss, and damage whatsoever on account of any injury to or death of any person and from any damage to, destruction of, or loss of use of any property which at any time may be suffered or sustained by any person or entity arising as a result of any act or omission, negligent or otherwise, of Releasees or their agents, except for claims arising from gross negligence or willful acts of Releasees or their agents that may arise from participation in the activities of Camp Fire.

Signature of Applicant (or Parent/Legal Guardian) _____ Date _____

Youth Applicants

- I understand that I will be notified as soon as possible in case of emergency affecting the child on whose behalf I make this application ("my child").
- In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever emergency treatment is necessary. I verify that the above information on my child is complete and accurate.
- Camp Fire staff and volunteers may not be qualified to care for some children with special needs. Further information may be required to determine if Camp Fire can meet your child's needs and abilities.

Signature of Parent/Legal Guardian _____ Date _____

STATE OF FLORIDA, COUNTY OF _____. The foregoing was acknowledged before me this _____day of _____, 20_____ by _____ who is personally known to me_____or has produced: FL Driver's License_____ Other_____as identification, and who did not take an oath.

AFFIX NOTARY STAMP ABOVE

_____
Notary Public Signature

STATE OF FLORIDA, COUNTY OF POLK. On this _____ day of _____, 20____, I attest that this document is a true, exact, complete, and unaltered photocopy made by me of the Camp Fire Sunshine Central Florida Heath Form from _____, presented to me by the document's custodian, Holly M. Lane (representing Camp Fire), and, to the best of my knowledge, that the photocopied document is neither a public record nor a publicly recordable document, certified copies of the which are available from an official source other than a notary public.

STAFF USE ONLY

AFFIX NOTARY STAMP ABOVE

_____
Notary Public Signature