



Sunshine Academy Summer Camp Volunteer Health Form

NOTE: Documents accepted by Bring Me Sunshine in lieu of this medical form include appropriate documentation signed by a physician demonstrating a thorough medical checkup within the last 12 months, or a recent sports physical from your local high school or Doctors On Duty (<http://doctorsonduty.com/primary-care/>)

Name: _____

Sex: M F Age: ____ Birth Date: ____/____/____

Parent/Guardian #1 _____

Home Address: _____

Phone: _____

Email: _____

Parent/Guardian #2 _____

Home Address: _____

Phone: _____

Email: _____

Health Insurance Company and Policy/Group # _____

Parent's Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all Sunshine Academy activities, except as noted by me and/or the examining physician. I understand there is some inherent risk in activities at Sunshine Academy and accidents sometimes occur. I understand that the Sunshine Academy does not provide accident insurance. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I hereby give permission to the physician selected by Sunshine Academy to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Sunshine Academy to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. I give permission for Sunshine Academy to use photos or videos of my child in promotional literature.

Parent/Guardian Signature: _____ Date: _____

MEDICAL HISTORY - To be completed by Parent.

Check and give approximate dates:

- Ear infections _____
- Heart Issues _____
- Convulsions _____
- Diabetes _____
- Bleeding/Clotting Disorders _____
- Epilepsy _____
- Tonsillitis _____
- Allergies (list): _____

Diseases:

- Rheumatic Fever _____
- Chicken Pox _____
- Measles _____
- German Measles _____
- Mumps _____
- Asthma _____
- Strep Throat _____
- Mononucleosis _____

Other diseases or details of the above:

Operations or serious injuries (dates):

Chronic or recurring illness:

Special considerations or suggestions:

Immunizations including Tetanus Vaccine (include dates):

EXAMINATION - TO BE FILLED OUT BY LICENSED PHYSICIAN

This examination should be performed within 12 months of arrival at Sunshine Academy. Examination for some other purpose within this period is acceptable.

CODE: V = Satisfactory; X = Not satisfactory (explain); O = Not examined

Eyes _____

Glasses _____

Ears _____

Nose _____

Throat _____

Heart _____

Genitalia _____

Lungs _____

Abdomen _____

Hernia _____

Extremities _____

Posture (Spine) _____

Skin _____

General Appraisal: _____

Current medications (list name, dosage and time schedule). All medications must be in a correctly labeled original container and will be the responsibility of the volunteer.

I have examined the person herein described and have reviewed the health history. It is my opinion that this patient is physically able to engage in Sunshine Academy camp activities, except as noted above.

Doctor signs here: _____ Date: _____

Address: _____

Phone: _____