



275 Carefree Lane
Stokesdale, N.C. 27357
336-427-0966
www.campcarefree.org

Volunteer STAFF Application

RETURN THIS PAGE **STAFF MEDICAL FORM**

1. NAME: _____ AGE: _____ BIRTH DATE: _____ GENDER: _____

2. IN CASE OF EMERGENCY, CAMP SHOULD CONTACT:

NAME: _____ PHONE: _____ Home _____ Cell _____

3. Primary Physician: _____ PHONE: _____

4. Insurance company: _____ Policy number: _____

5. Camp Duty (ie. counselor, nurse, etc.): _____

If RN, nursing license number: # _____ (required by State Board)

6. Camp week(s) attending (circle): 1 2 3 4 5 6

7. Children coming with you & ages (separate forms needed for each): _____

8. For your safety at camp, list any chronic illnesses or conditions: _____

(continue on separate page if needed)

9. List any medications or treatments taken regularly: _____

(continue on separate page if needed)

10. Describe any significant injuries/surgeries in the past two years: _____

(continue on separate page if needed)

11. ALLERGIES: _____

12. Date of last immunizations (MM/YY): Tetanus _____ TB skin test _____ Measles _____ Tdap _____

COVID-19 _____

****NOTE**** If you are exposed to any communicable diseases, particularly chicken pox, measles or COVID-19 (which are especially dangerous to children on chemotherapy) during the **month** prior to camp, you **MUST** inform the camp directors before you arrive.