

# VOLUNTEER MEDICAL FORM

## Volunteers

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mother's Home Phone \_\_\_\_\_ Father's Home Phone \_\_\_\_\_  
Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_  
Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

## Person(s) other than parent to be notified in an emergency when parent is not available.

Name \_\_\_\_\_ Relationship to the child \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_

## Person(s) other than parent to whom the child may be released.

Name \_\_\_\_\_ Relationship to the child \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_

## Person(s) who should be excluded from picking up your child.

### My child will:

\_\_\_\_\_ walk or ride their bike home from volunteer activity  
\_\_\_\_\_ be picked up by a parent  
\_\_\_\_\_ be picked up by someone other than parent (name must be listed on this form)

Date of last tetanus Shot: \_\_\_\_\_ Allergies \_\_\_\_\_

Special instructions if your child becomes ill: (We will contact the parent first if your child becomes ill, if you have other special instructions, please list them here):  
\_\_\_\_\_  
\_\_\_\_\_

Child's Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I give consent for my child to take part in camp and in field trips or excursions under proper supervision. I understand I will be informed of field trips. Waiver of liability statement: In registering my child for this activity, I hereby release the Rochester Avon Recreation Authority, the City of Rochester, the City of Rochester Hills, and all supervisors, leaders and staff of all liability for damages or injuries sustained by my child while participating in these activities. In the event of any accident, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permissions to the physician selected by the adult supervisor to hospitalize and provide necessary treatment for my child as named above. I acknowledge that the Rochester Community Schools, the Rochester Avon Recreation Authority and its supervisors, chaperones and staff cannot assume liability for injury enroute to or from day camp field trips and/or day camp activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_