

**2010 VOLUNTEER TEAM LEADER HEALTH FORM**

*Today's Youth Matter*

469 Valley Way, Milpitas CA 95035

Phone (408) 719-9125 · Fax (408) 719-9140

**PLEASE FILL OUT THIS MEDICAL RELEASE FORM COMPLETELY**

TEAM LEADER NAME \_\_\_\_\_ MALE / FEMALE  
First Last

TRAINING DATE SELECTION: \_\_\_\_\_  
Date

CAMP DATE SELECTION: \_\_\_\_\_  
Camp and Date

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ CLASS OF \_\_\_\_  
Month Day Year

PARENTS NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ Apt # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME(\_\_\_\_) \_\_\_\_\_ PARENT CELL I(\_\_\_\_) \_\_\_\_\_  
WORK(\_\_\_\_) \_\_\_\_\_ PARENT CELL II(\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENTS EMAIL ADDRESS \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH INSURANCE CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

**EMERGENCY CONTACT IF PARENT/GUARDIAN IS UNAVAILABLE:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO VOLUNTEER \_\_\_\_\_

**HEALTH & MEDICAL HISTORY**

PLEASE EXPLAIN ALLERGIES, SPECIAL DIETARY CONSTRAINTS, PHYSICAL RESTRICTIONS OR OTHER SPECIAL NEEDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: (List and give instructions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY OTHER PERTINENT MEDICAL HISTORY:

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**PARENT/GUARDIAN AUTHORIZATION:**

My child has my consent and permission to attend TYM camp as a volunteer team leader and to participate in all prescribed camp activities. In the event of an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment and to order injections, anesthesia or surgery for my child.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**PHOTO RELEASE (optional) :**

I hereby give permission for my child to be interviewed, photographed, videotaped, and/or recorded while participating in the programs of TYM Camp and for her/his image/comments to be used for purposes of camp reporting, promotion, advertisement or illustration. Use of any such photographs, videotapes, or interviews may include, but is not limited to, use on Internet Web sites promoting or reporting on the camp.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**TEAM LEADER BEHAVIOR AGREEMENT:**

I understand that I must follow all TYM rules and will be expected to cooperate with and be courteous towards campers, staff, and fellow volunteers. This includes no use of foul language. I know that I may be unable to participate in camp in the future and/or be sent home if I do not follow the rules.

\_\_\_\_\_  
**Team Leader Signature**

\_\_\_\_\_  
**Date**

Thank you for filling out this release. We want you to have a wonderful experience volunteering at TYM camp. Please do not hesitate to give us a call anytime if you have questions or concerns. 408.719.9125