

## **Adult Counselors**

To volunteer for Camp Staff, you are required to:

**\*\*\*\*\*Complete all attached Application materials \*\*\*\*\***

Please type information into all forms, save and print

An additional (Informed Consent) form will be sent to you for completion once your paper work is received so that a background check can be accomplished for volunteer acceptance

➤ Returning Adult Counselors:

1. Physician Form must have a current physician signed physical within (24 months) of the start of camp
2. Health History/Exam Form, be sure to complete the immunization portion
3. Adult Camper Consent Form
4. Selection of week of camp and position preference selected

### **MN National Guard Youth Camp**

**1360 University Ave W Box 132 St. Paul, MN 55104-4086**

➤ New Adult Counselors:

*Complete all Application materials attached:*

1. Physician Form must have a current physician signed physical within (24 months) of the start of camp
2. Health History/Exam Form
3. Adult Camper Consent Form
4. Submit three completed references, using the reference form located on the (Registration/Form tab) located on the website and send to the mailing address above.

Complete application with week of camp selected:

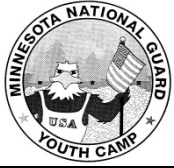
**Week 1 Saturday 25 July – Saturday 1 August 2015**

**Week 2 Saturday 1 August – Saturday 8 August 2015**

Any questions please send to the Youth Camp e-mail address:

[MNGYTC@gmail.com](mailto:MNGYTC@gmail.com)

**\*\*\*Please type information into forms below\*\*\***



# MN NATIONAL GUARD YOUTH CAMPS Physician Form

1360 University Ave W Box 132 St. Paul, MN 55104-4086 • Phone: 763-670-1251

Applicant's Full Name (print please): \_\_\_\_\_

### Physical Exam (check one of the following):

- This is a new Application. The below portion has been completed by License Medical Personnel.
- A copy of the applicant's last physical exam is on file, and there have not been any changes in the applicant's health since last summer National Guard Youth Camps. (Good for 24 months)  
The date of the last physical exam was: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- There have been changes to the applicant's health. A copy of a signed exam form has been provided or the below portion has been filed out and signed.

**Note; If a physical form signed by camper's health care provider, is not on file from the previous year camps, documentation of a recent physical exam must be submitted.**

**THIS PORTION (OR AN EQUIVILANT SIGNED PHYSICAL EXAM FORM) NEEDS TO BE COMPLETED EVERY TWO YEARS BY A LICENSED MEDICAL PERSONNEL AND SUBMITTED FOR CAMP PARTICIPANT TO ATTEND!**

**\*\*\* NO EXCEPTIONS \*\*\***

Dr. \_\_\_\_\_ examined this individual on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

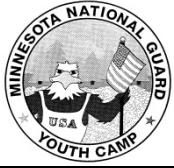
Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

In the Doctor's Opinion, the above applicant is able to participate in a physically camp program without restrictions (please check one):

YES     NO

If not, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Licensed Medical Personnel (MD, PA or NP): _____	
Printed: _____	Date: _____
Address: _____	
Phone: _____	Date: _____



# MN NATIONAL GUARD YOUTH CAMPS

## Health History/Exam Form

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Applicant's Full Name (print please): \_\_\_\_\_

**THIS HEALTH HISTORY MUST BE COMPLETELY FILLED AND SUBMITTED  
IN ORDER FOR THE CAMP PARTICIPANT TO ATTEND.**

**\*\*\*\* NO EXCEPTIONS \*\*\*\***

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. This Health history must be filled out by the legal parents or guardians. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs. Update required annually.

Applicant's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male  | Female

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information (If Unable to contact Parent/Guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

### AUTHORIZATIONS

This health history form is complete and correct to the best of my knowledge.

I hereby give authorization for the medical personnel selected by the camp director to provide routine health care, administer prescribed and over-the-counter medications, and seek emergency medical treatment including x-rays and routine tests.

In the event of an emergency I authorize the physician to administer treatment including hospitalization, medications, and emergency surgery and anesthesia.

I agree to the release of any records necessary for insurance purposes.

I give permission for the camp to arrange necessary related transportation for me (camp volunteer).

This completed form may be photocopied for treatment out of camp.

Signature of volunteer: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Full Name (print please): \_\_\_\_\_

**PLEASE ENTER DETAILS FOR ANY QUESTIONS ANSWERED YES**

1.	Are you currently receiving treatment from a physician?	YES	NO
2.	Have you had recent illnesses, injuries, or infectious disease?	YES	NO
3.	Do you have asthma?	YES	NO
4.	Do you have diabetes?	YES	NO
5.	Do you wear glasses or contacts? (If yes, please bring an extra pair to camp.)	YES	NO
6.	Have you ever had seizures (convulsions)?	YES	NO
7.	Have you had a head injury in the past year?	YES	NO
8.	Have you had surgery in the past year?	YES	NO
9.	Were you hospitalized in the past year?	YES	NO
10.	Do you have an eating disorder?	YES	NO
11.	Have you received counseling or psychiatric care in the past year?	YES	NO
12.	Do you have heart disease?	YES	NO
13.	Do you have high blood pressure?	YES	NO
14.	Have you experienced chest pain in the past year?	YES	NO
15.	Have you received counseling or psychiatric care in the past year?	YES	NO
16.	Have you had back problems in the last year?	YES	NO
	I have special needs or a situation that needs to be discussed with the Camp Director to ensure the opportunity to have a successful camp.	YES	NO

If you answered "Yes" to any of the above questions, please give the question number and explanation for your answer. (If you run out of room please use back side of sheet)

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If you require any medications that might impair your ability to function in your duties at camp, you must discuss the details with the medical director at camp

**Please attach a copy of medical insurance card**

Applicant's Full Name (print please): \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES (MEDICATION, FOOD, ENVIRONMENTAL)?

	Allergy	Reaction	Treatment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

\*\* If the camper requires a bee sting kit, he/she must bring it to camp.\*\*

CURRENT MEDICATIONS:

	Medication	Dose	Reason for taking
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

\*\* All medications must be brought to camp in original container labeled with camper's name, medication, does, and administration instructions. Campers will bring enough medication for the duration of camp.\*\*

Are Immunizations up to date? YES                      NO

Annotate Dates the Following Immunizations Were Give:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_

German Measles \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_

TB Test \_\_\_\_\_ Tetanus

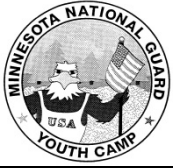
Does the Volunteer have any restrictions?

Dietary: \_\_\_\_\_

Activities: \_\_\_\_\_

The health history information provided is accurate and I agree to abide by any restrictions placed on me. All immunizations are up to date and my last tetanus shot is listed above.

Signature of Volunteer: \_\_\_\_\_



# MN NATIONAL GUARD YOUTH CAMPS

## Youth Camper Consent Form

1360 University Ave W Box 132 St. Paul, MN 55104-4086 • Phone: 763-670-1251

Applicant's Full Name (print please): \_\_\_\_\_

### **Approval Volunteer:**

- I certify that I am the person listed on this application, and I can participate as a counselor at the Minnesota National Guard Youth Camp
- I understand that if false information has been given for the sole purpose of my attending camp, I will be asked to leave camp. If I did not drive my own vehicle, I will be picked up within 12 (twelve) hours of being notified.
- I give my permission for the release of my name, address and phone number to be provided to fellow campers and staff for the purpose of future communications. It will not be sold or distributed for any other use. Any photos or videos may be used for the promotion of the Minnesota National Guard Youth/Teen Camp.
- I hereby waive any claim against the Minnesota National Guard, the Department of Military Affairs, the State of Minnesota, the United States of America, or the Minnesota National Guard Youth Camps for any causes that may arise in connection with the participation of \_\_\_\_\_ (Volunteer) in the Minnesota National Guard Youth Camp.

**I have read and agree to the above:**

Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_