



Bring to Site

Church Liaison: Bring the original and 2 copies of this form (back and front) to site for each adult counselor

SIERRA SERVICE PROJECT

Counselor Medical History & Release Form

Church Name _____

Name _____ Male/Female _____

Birth date _____ Home Phone () _____

Home Address _____

City _____ State _____ Zip _____

Employer _____

Health Insurance Co. _____ Policy No. _____

Physician _____ Phone () _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken?
(Yes / No)

Emergency Contact:

Name _____

Home phone () _____ Work Phone () _____

Date of last tetanus shot _____

Please list any physical or behavioral conditions that the program staff should be aware of
(sleepwalking, epilepsy, diabetes, fainting, asthma, etc.): Please be specific: _____

Are you allergic to any food, medication or insect bites? (Yes/No) If yes, please list particular allergy and probable reaction: _____

Are you currently taking any medication? Yes___ No___

If yes, please list all medications: _____

Continued on next page...

Medical Release

I understand that the SSP program involves construction and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. I agree to indemnify and hold harmless the Sierra Service Project, its officers, agents and employees from any and all claims, damages, expenses or injuries arising out of or incident to my participation in this Project, unless such loss or injury results directly from the neglect or willful act of an officer, agent or employee of Sierra Service Project acting within the scope of his/her employment.

Signature

Date

Information contained herein is confidential and will be made available only to staff and medical professionals as necessary.