CHRISTIAN BERETS
Camps and Programs for Special Needs
Conference and Retreat Center

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HEALTH INVENTORY AND AUTHORIZATION FOR MEDICAL TREATMENT

Employees and Volunteers

GENERAL HEALTH:

- ☐ Physical disabilities
- ☐ Chronic ailments (asthma, hay fever, arthritis, etc)
- ☐ Dietary Restrictions
- ☐ Back problems
- ☐ Known allergies
- ☐ Taking medications

If you checked any of the boxes above, of if you have any other health information (emotional or physical) you think would be of helpful to us, please provide very specific details.

_____

_____

VACCINATIONS: (Please check if your vaccination is current)

- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Tetanus
- ☐ Whooping Cough
- ☐ Measles, Mumps, Rubella
- ☐ Meningococcal

If your vaccinations are not current, we highly suggest you get vaccinated!

I, _____, hereby give my permission to the authorized personnel
(print employee/volunteer name)
selected by Christian Berets to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. In the event I cannot, I hereby give permission to the physician selected by Christian Berets to secure and administer treatment, including hospitalization, for the person named herein. The completed forms may be photocopied for trips out of the conference center.

Signature _____ Date _____

Witness _____ Date _____

IN CASE OF EMERGENCY:

Insurance _____ Policy # _____ Phone (____) _____