



# MN NATIONAL GUARD YOUTH CAMPS Physician Form

211 North McCarrons Blvd. Roseville, MN 55113 • Phone: 763-670-1251 • Fax: 651-558-2340

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 LICENSED MEDICAL PERSONNEL AND SUBMITTED BY JUNE 30<sup>th</sup> 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 BY  
JUNE 30th 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

Parent/Guardian: \_\_\_\_\_

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

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

### **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 select 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 involving this volunteer I understand that every effort will be made to contact me. In the event that I or my emergency contact cannot be reached, 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) or my child.

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

Signature of volunteer, parent or legal guardian: \_\_\_\_\_

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



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

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

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

\*\* 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? Y / N

Does the Camper have any restrictions?

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

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

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

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

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



# MN NATIONAL GUARD YOUTH CAMPS

## Volunteer Consent Form

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

***I understand that:***

- The information that I have provided may be verified by contacting references named in this application, or any person or organization that my have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information; the State of Minnesota, the Minnesota National Guard, the Minnesota National Guard Youth Camps, its employees and volunteers thereof.
- I understand that as part of my application process, a police check will be made through our local law enforcement agency, and I will be required to complete a health form that will be review by our medical personnel.
- I agree to abide by the decisions of the Minnesota National Guard Youth Camps Board of Directors, and understand that camp leadership is not based on military rank or position. I also agree to assist in all duties assigned, including set-up and clean up.
- I affirm that all of the information I have provided to camp is true and correct to the best of my knowledge.
- I desire to volunteer my services to the Minnesota National Guard Youth or Teen Camp. I agree that my services are being performed as a volunteer and that I do not expect present or future salary, wages, or related benefits as payment or reimbursement for these volunteer services.
- 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 understand that this volunteer position is physically demanding and I am fit to perform duties assigned to me unless otherwise noted on my health form.

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

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Packing List for Volunteers

**Getting wet daily is unavoidable; be prepared!!**



### Clothing Items

(Bring Old Destroyable Clothes)

- \_\_\_\_\_ Shirts (8) All shirts brought to camp are expected to cover the shoulders and extend over the campers pants or shorts. (NO tank, muscle, spaghetti strap or bare midriff shirts)
- \_\_\_\_\_ Shorts (4) **(Not overly short)**      \_\_\_\_\_ Swimsuit (1) **(ONE PIECE ONLY)**
- \_\_\_\_\_ Long pants/jeans (4)
- \_\_\_\_\_ Socks (10 pair)      \_\_\_\_\_ Underwear (8 pair)
- \_\_\_\_\_ Sweatshirts (2 ), one should have a hood
- \_\_\_\_\_ Pajamas (2 pair)

### Toiletry Items

- |                                   |  |
|-----------------------------------|--|
| _____ Bath towels (3)             | _____ Soap and Shampoo (In Plastic Containers) |
| _____ Washcloths (3)              | _____ Comb or brush                            |
| _____ Toothpaste/Toothbrush       | _____ Deodorant                                |
| _____ Sanitary napkins or tampons | _____ Shaving Items                            |

### General Items

- |  |                                     |
|--|-------------------------------------|
| _____ Sleeping bag   | _____ Padlock (with 2 keys)         |
| _____ Camera   | _____ Pillow                        |
| _____ Rain Gear  | _____ Flashlight                    |
| _____ Beach towel (1)  | _____ Baseball or softball glove    |
| _____ Sport strap for glasses  | _____ Light jacket/wind breaker (1) |
| _____ Tennis shoes, must have laces (2 pair, one old pair to wear in the lake) |                                     |
| _____ Bicycle Helmet (Youth Camp will provide if you don't have one)           |                                     |

### Optional Items

Youth Camp will supply everything you need for all of the activities at camp

- \_\_\_\_\_ Bath Towels (Camp Ripley's are small and thin)
- \_\_\_\_\_ Washcloths (If you want to use your own)
- \_\_\_\_\_ Snacks or beverages (Your room will have a refrigerator in it with access to a microwave)
- \_\_\_\_\_ Laundry soap (Washers and Dryers are available in billeting)
- \_\_\_\_\_ Rollerblades (If you want to use your own)
- \_\_\_\_\_ Rollerblade protective gear (If you want to use your own)(Helmet, Elbow pads, knee pads, and wrist guards are required)
- \_\_\_\_\_ Insect repellent (If you want to use your own)
- \_\_\_\_\_ Sun screen (Colorless)(If you want to use your own)
- \_\_\_\_\_ Suitcase or Duffel bag
- \_\_\_\_\_ Hair Dryer, Curling Iron
- \_\_\_\_\_ Alarm (Your room will have an alarm clock)
- \_\_\_\_\_ Life jacket (If you want to use your own)
- \_\_\_\_\_ Military uniform (Will be worn on Friday for during Military Day, if you choose)

**General Information**

Your room will have a television. Cell phones are allowed, but are not allowed in front of the campers. Tobacco products are allowed, but are not allowed in front of the campers.

**WHAT NOT TO BRING TO CAMP!!!!!!**

**!!You will be asked to leave Camp if any of these items are found!!**

- |   |  |
|---|--|
| <b>Knives or weapons of any kind</b>        | <b>Pets</b>                                    |
| <b>Alcohol products</b>                     | <b>Skateboards</b>                             |
| <b>Fireworks</b>                            | <b>Make-up</b>                                 |
| <b>Matches, lighters, or candles</b>        | <b>No personal weapons authorized at camp</b>  |
| <b>Hair spray</b>                           | <b>Sandals, open-toed or open-backed shoes</b> |
| <b>Medication (other than prescription)</b> | <b>Perfume or cologne (attracts bugs!)</b>     |