



Friends of Hog Island
Brunswick, Maine

FOHI Volunteer Confidential Health History Form

General Information

Please Print All Information

Returning Volunteer ☐

Volunteer Name:

Camp Session Dates:

Birthdate:

M ☐ F ☐

Home Address:

Home Phone:

Cell:

Email address:

Date of Covid-19 vaccination #1

#2

Send copy of certification of vaccinations to volunteer@fohi.org

Emergency Contact

Name:

Relationship:

Address

Home Phone:

Cell:

Email address:

Healthcare Provider

Primary Care Physician:

Phone:

Health Care Insurance

Insurance Company:

Insurance Company Phone:

Certificate/Policy/ID#:

Group# (if applicable):

Allergies ☐

No Known Allergies ☐

List **all** allergies to prescription and non-prescription medications, food, bites, stings, shellfish, iodine, plants & animals

Describe the reaction and how it is managed:

Do you carry an Epi-pen?

☐ Yes

☐ No

Dietary/Nutrition

☐ Regular diet

☐ Vegetarian

☐ Gluten Free

☐ Vegan

☐ Lactose Intolerant

☐ Other

Please be specific no red meat, food allergies, strong food dislikes, etc.

FOHI Volunteer Name:

Medical Conditions

Please describe any medical conditions we should know about (e., epilepsy, asthma, etc.)

What have we forgotten to ask? Use this space for any additional information that you feel we should know.

Medications

List all prescription and non-prescription medications you take and/or carry with you. Attach additional pages as necessary.

☐ I do not take any prescription or non-prescription medications.

Name of Medication	Dosage and Frequency	How Administered	Reason for Taking	Side Effects

Date of Last Tetanus Booster: _____

Authorization for Health Care:

I hereby give permission to the medical personnel selected by Audubon and its authorized designees to order x-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation to the nearest hospital. I agree that I will be solely responsible for paying any costs associated with medical treatment.

FOHI Volunteer's Signature: _____

Print Name: _____ **Date:** _____

Please sign and return to:

By Mail (preferred): FOHI Volunteer Coordinator, Hog Island Audubon Camp, 12 Audubon Rd, Bremen ME 04551

By Email: volunteer@fohi.org