



Camp Medic Agreement

Name _____ Birthdate _____
(please print full name exactly as it appears on license/certificate)

License/Certification _____ Date of Camp _____

Please **CAREFULLY READ** each item and **CHECK EACH BOX**, then
SIGN AT THE BOTTOM with the date.

- I understand that all health and medical information, whether verbal or written, is confidential. I agree to treat all health information with the highest respect and will not discuss or repeat any information that I learn about a camper's health, medical, or psychosocial status except as directed by the Pineywoods medical staff or Director of Pineywoods. No copies of medical information will be made nor any records removed unless required for offsite doctor or hospital care.
- I have received, carefully read, and understand the First Aid/Medical Care Policies & Procedures for Summer Camps and 3+ Night Retreats at Pineywoods.
- I agree to work in conjunction with the management of Pineywoods and will adhere to all camp policies, practices, and protocols, both written and verbal.
- I agree to be on campus and on call at all times and will make every effort to fulfill the requirements of the Camp Medic.
- I will submit printed copies of results from national criminal and national sex offender background checks for the current year or authorize Pineywoods to perform the required background checks.
- I will complete a state-approved training and examination program on sexual abuse and child molestation and submit a valid certificate of completion.
- I will provide a character and integrity reference using the Pastor Reference Form.
- I understand that as a volunteer I am not covered under Pineywoods worker's compensation insurance.

Signature _____ Date _____