

**Attention Accepted Camp Oasis Volunteers:**

Use the table below to determine where you should send your completed version of the attached form, which is required of all on-site Camp Oasis volunteers unless otherwise indicated.

**NOTE:** This form is meant only for **ACCEPTED** volunteers. If you have not yet received word that you have been approved for participation as a volunteer, please do not complete it. Thank you!

If you've been selected to volunteer on-site at...	Send this form to...
California Session 1	<b>NA – Do not use this form</b> All volunteers are processed via The Painted Turtle, which has its own forms For more information, visit: <a href="http://www.thepaintedturtle.org">www.thepaintedturtle.org</a>
California Session 2	<b>NA – Do not use this form</b> All volunteers are processed via The Painted Turtle, which has its own forms For more information, visit: <a href="http://www.thepaintedturtle.org">www.thepaintedturtle.org</a>
Georgia	CCFA Georgia Chapter 2250 North Druid Hills Road, Suite 250 Atlanta, Georgia 30329 Fax: 404.982.0656
Michigan	CCFA Michigan Chapter 31313 Northwestern Highway, Suite 204 Farmington Hills, MI 48334 Fax: 248.737.0904
Minnesota	CCFA Minnesota Chapter 1885 University Avenue West, Suite 355 St. Paul, MN 55104 Fax: 651.917.2425
Missouri	CCFA Mid-America Chapter 1034 S. Brentwood, Suite 1510 St. Louis, MO 63117 Fax: 314.863.4749
New York	CCFA Greater New York Chapter 386 Park Avenue South, 14th Floor New York, NY 10016-8804 Fax: 212.679.3567
North Carolina	<b>NA – Do not use this form</b> All volunteers are processed via Victory Junction, which has its own forms For more information, visit: <a href="http://www.victoryjunction.org">www.victoryjunction.org</a>
Pennsylvania	CCFA New Jersey Chapter 45 Wilson Ave Manalapan, NJ 07726 Fax: 732.786.9964
Texas	CCFA North Texas Chapter 12801 North Central Expressway, Suite 270 Dallas, TX 75243 Fax: 972.386.0509
Washington	CCFA Northwest Chapter 9 Lake Bellevue Dr, Suite 203 Bellevue, WA 98005 Fax: 425.451.1708
West Virginia	CCFA Western Pennsylvania Chapter 300 Penn Center Boulevard, Suite 401 Pittsburgh, PA 15235 Fax: 412.823.8276
Wisconsin	CCFA Illinois Chapter 2200 East Devon Avenue, Suite 351 Des Plaines, IL 60018 Fax: 847.827.6563



**2009 MEDICAL AUTHORIZATION FORM**

**Staff Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Medical Authorization:** Please have the following signed by a licensed MD or RN.

I hereby certify that I conducted a physical exam on the above-listed person in the **past 24 months**.

The date of the **most recent exam** was: \_\_\_\_\_.

I understand that the above listed individual is seeking to work as a staff member at a special overnight camp for kids with inflammatory bowel disease, called CCFA Camp Oasis.

I understand that this work may require the above listed individual to supervise children on a 24-hour basis and participate to some extent in a camp program that includes mild physical exertion in the form of walking in mildly hilly terrain and participating in athletics, swimming, tubing, and other such activities.

I understand that CCFA-provided physicians and nurses will be on-duty throughout the entire duration of camp and that this team will be responsible for dispensing medication and providing basic medical care.

**Restrictions:** Based on this understanding and my most recent exam of the above listed individual, I hereby authorize that the individual is capable of serving as a staff member at CCFA's camp, provided the following limitations are observed: \_\_\_\_\_

\_\_\_\_\_

**MD/RN Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_