



Route 2 Box 194-3  
Salem, WV 26426  
Phone: 304-782-2742  
Fax: 304-782-4358  
e-mail: nazarethfarm@citynet.net

**Health Insurance/Medical Release form 18 and older**

**PLEASE PRINT**

Name of volunteer participant: \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Circle one: Male / Female      Name of parish or school: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of this trip to Nazareth Farm: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Dietary Restrictions (vegetarian, food allergies, etc.) \_\_\_\_\_

Current Medications \_\_\_\_\_

Will you need assistance with your medication(s)? Please specify.

Blood Type (if known): \_\_\_\_\_ Date of most recent TETANUS BOOSTER: \_\_\_/\_\_\_/\_\_\_

Date of most recent physical exam: \_\_\_/\_\_\_/\_\_\_ (must be within the last 12 months)

Limitations to physical labor: \_\_\_\_\_  
(You will **NOT** be made to perform any task you are unable to do for whatever reason.)

Emotional/Psychological condition(s) and/or concerns: \_\_\_\_\_

Complete name of Insurance Company: \_\_\_\_\_

Policy Number/Group Number: \_\_\_\_\_

Name on insurance card: \_\_\_\_\_ Cardholder's date of birth \_\_\_\_\_

Employer's name \_\_\_\_\_

If an accident occurs mail the claim to: \_\_\_\_\_

(If you do NOT have health insurance, please contact us at the above number.)

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I, \_\_\_\_\_, do hereby accept financial responsibility for any medical fees that occur either during or after my stay at Nazareth Farm. In addition, I certify that the above information is correct.

Signature of Volunteer: \_\_\_\_\_

Printed name of Volunteer: \_\_\_\_\_