HEALTH and EMERGENCY INFORMATION for Adult Campers

Your Name: _____
First Name Middle Initial Last Name

Home Address: _____
Street Address

City: _____ State: _____ Zip: _____

Date of Birth: _____
Month Day Year

Phone: (____)_____

1. Date of your most recent tetanus immunization (Month & Year): _____

2. About your nutrition status:

☐ I have no food allergies.

☐ I am allergic to the foods listed here. (*Check the box if eating this food item triggers anaphylaxis for you.)*

a. _____ ☐ Causes Anaphylaxis b. _____ ☐ Causes Anaphylaxis

☐ I am a vegetarian of this type (*By indicating that you are vegetarian, we will provide entrees that compliment your indicated vegetarian preference. We rely on you to eat as you've indicated so we do not waste food.)*

☐ Semi-vegetarian (no pork or beef)

☐ Pesco vegetarian (no pork, beef or chicken)

☐ Lacto-ovo vegetarian (no beef, pork, chicken, fish or seafood)

☐ Vegan (no beef, pork, chicken, fish, seafood, eggs or dairy)

3. Do you have a health condition such as a chronic illness or a special circumstance that we should know about because it impacts your ability to participate in this camp program?

☐ No, I am prepared to fully participate.

☐ Yes, as explained: _____

_____

4. Should the unforeseen occur, who would you like us to notify in an emergency?

Name of Individual: _____ Relationship to you: _____

Address: _____

Preferred Phone: (_____)_____ Alternate Phone: (_____)_____

5. Things you should know about health services while you are at camp:

a. In case of an emergency, we will call the local ambulance service. It takes at least 15 to 20 minutes for an ambulance to get to camp.
b. During your stay, Camp Howard's nurse is available to help with your emergent health needs.
c. Our camp **does** have an AED but we **do not** have portable oxygen.
d. Adult participants are responsible for management/safe storage of their own medications. Camp Howard accepts no responsibility for adult medication brought to camp.
e. There is a **[clinic, hospital, and pharmacy]** available to you in town, 7 miles from camp.

Statement of Agreement

I have read the information both on this page and in what was sent to me as an adult participant for this camp program. I understand my health information will be shared with camp staff on a "need to know" basis and that, as an adult, I retain primary responsibility for managing my health status while at camp. I agree to inform the camp of any changes that might impact my participation.

Your Signature: _____ Date: _____

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PLEASE KEEP A COPY FOR YOUR RECORDS!