

CAMP WESTMINSTER ON HIGGINS LAKE

HEALTH and EMERGENCY INFORMATION for Adult Campers

Complete and return by June 1
to: 17567 Hubbell
Detroit, MI 48235



Questions?
Call 313-341-8969

Your Name: _____
First Name Middle Initial Last Name

Date of Birth: _____
Month Day Year

Home Address: _____
Street Address

Phone: _____
() _____

City: _____ State: _____ Zip: _____

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 10 minutes for an ambulance to get to camp.
- b) During your stay, the camp health officer is available to help with your emergent health needs.
- c) Our camp does have an AED at camp. Our camp does not have portable oxygen at camp.
- d) Adult participants manage their own medications; please bring what you anticipate needing.
- e) There is a clinic, hospital, and pharmacy available to you in town. These are 10 minutes 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.

I authorize Camp Westminster to use photographs, slides, videotapes and audio recordings of me for its records, web site and public relations materials.

Your Signature: _____

Date: _____