Pilgrim Lodge Camper Health History for ADULTS (FORM 4)

(page 1 of 1)

This is the only health form adult campers need

Mail at least two weeks prior to event or bring it with you to:

Pilgrim Lodge ~ Health Form
103 Pilgrim Lodge Lane
West Gardiner, ME 04345

Dates attending camp: from _____ to _____

Camper Name: _____

☐ Male ☐ Female Date of Birth _____

For adult campers: you can mail this in, bring it with you or fill one out at camp. Thank you.

Camper Home Address: _____
Street Address City State Zip Code

Person to contact in case of emergency:

Name: _____
Relationship to Camper _____ Preferred Phones (_____) _____, (_____) _____

Email: _____ Address: _____ (if different from above)

Allergies: ☐No known **allergies** ☐I am is allergic to: ☐Food ☐Medicine ☐ Environmental agents (insect stings, hay fever, etc.)
(please describe below what you are allergic to and the reaction seen.)

Diet, Nutrition: ☐I eat a regular diet. ☐ I eat a regular vegetarian diet.
☐I have special food needs ***(Please describe below, continue on back if necessary)***

☐ I have reviewed the program and activities of the camp and feel I can participate without restrictions
☐ I have reviewed the program and activities of the camp and feel I can participate with the following restrictions or adaptations
(Please describe, continue on back if necessary.)

Medical Insurance Information: I am covered by medical/hospital insurance ☐Yes ☐No
Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Co. Phone No. (_____) _____

Authorization for Health Care:

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me, as may be necessary, including, but not limited to X.-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: I) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities. In the event I cannot communicate in an emergency, hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Adult Camper _____ Date:_____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

☐ Check this box and use the other side of this sheet to record any additional information that camp staff should know, or should share with a doctor in the event you are unable to communicate

Camper Name _____ (For Camp Use) Cabin _____