

Good Earth Village Adult Health Form

Please print clearly. This form will be copied. Use a separate form for each adult. Health information on this form is gathered to assist us in identifying appropriate care. **Due (2) weeks prior to start of camp session.**

Name _____ Birthdate _____
 Address _____ Emergency Contact Name _____
 City/State/Zip _____ Emergency Contact Phone _____
 Phone _____ Relation to You _____

Allergies: *Check those which apply to this camper.*

- No known allergies
- This camper is allergic to (check all that apply) food, medication, environmental, other
Describe reaction and what is done to manage each allergy checked

Dietary Needs: *Check those which apply to this camper. Please call if you have a question about diet.*

- Has No Dietary Needs Vegetarian Lactose Intolerant Gluten Free Other

Please specify dietary needs _____

Medication:

- I do not take routine medication (including vitamins) I take routine medication as follows: *attach additional pages if needed*

Name of Medication _____	Name of Medication _____
Reason for Taking _____	Reason for Taking _____
Dosage _____	Dosage _____
Time(s) Given _____	Time(s) Given _____

Insurance Information: In the event of an accident/injury requiring medical attention, it is helpful for us to have insurance information to pass onto the treating hospital or clinic. Personal insurance will be considered the primary carrier.

Insurance Company _____ Subscriber _____

Health Concerns: *Do you have any 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? attach additional pages if needed*

- No, I am fully able to participate Yes, I have concerns about my ability to participate

Please explain if "YES" _____

To the best of my knowledge, the information provided on this form is correct, and I am able to participate in all camp activities (with the above noted exceptions). I understand that 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, including medications, while at camp. I agree to inform the camp of any changes that might impact my participation. In the event that I (or appointed proxy) cannot make a decision in an emergency, I hereby give my permission to the physician selected by Good Earth Village to secure proper treatment for, and to order injection, anesthesia, or surgery for myself as named in this form. I understand that my insurance has primary coverage and Good Earth Village insurance is secondary. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes. This completed form may be photocopied for trips out of camp. I give permission for any pictures and videos taken of me to be used for promotional purposes.

Signature _____ **Date** _____