ADULT HEALTH HISTORY FORM

CAMP PROGRAMS

Camp Fire
Light the fire within

Camp Use Only

Notes:

Participant Name : _____
Last First M.I.

Phone: _____ Email: _____

Gender: _____ Birthdate: _____

CONSENT TO TREAT

If for any reason you wish <u>not</u> to authorize treatment, please attach a letter of explanation.

I understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I authorize the camp to provide appropriate routine and emergency care for myself *(or my minor child)* and any dispensing of medications and/or transportation necessary for that care. I agree to be responsible for expenses incurred in such care and treatment.

Signature: _____

Date: _____

EMERGENCY CONTACT INFORMATION

<u>Person to be contacted in case of emergency</u>:

Emergency Contact 1:
Name:_____
Phone: _____
Relationship to you: _____

Emergency Contact 2:
Name: _____
Phone: _____
Relationship to you: _____

ALLERGIES

Please list all known allergies, including reaction and treatment to be given:

DIET and NUTRITION

Please list any food that you do NOT eat, including reaction and treatment, if applicable

IMMUNIZATIONS

Diptheria, tetanus, pertussis (DTaP/TdaP:

Date of last immunization/booster:

I understand the potential risks associated with attending camp without one or more current immunizations:

_____
Initlais

Name: Last First M.I.

Program:

HEALTH HISTORY

Do you have any current medical conditions that we should be aware of?

Any there any activities in which you cannot participate due to health or medical reasons?

ANYTHING ELSE?

Is there anything else we should know about you?

HEALTH CARE & TREATMENT RECORD - *For Camp Use Only*

Date	Time	Complaint/Condition	Assessment	Treatment	Staff Signature

Name:

Last

First

M.I.

Program: