



Adult Camper Medical Form

Adult Camper Information		
Legal First & Last Name		
Preferred or Nickname		
Street Address	City, State	Zip Code
Adult Camper's Email	Adult Camper's Cell	
Health Insurance Carrier and Policy/Group #	Name of Insured	
Adult Camper's Physician	Physician's Phone Number	

EMERGENCY	1st Contact	2nd Contact	3rd Contact
Name			
Relationship to Self			
Primary Phone			
Alternate Phone			

General Health Information

If you check yes to any of the items below, please explain in the comment section as needed.

Check the box if the adult camper has or does:

- Had any recent injury, illness, or disease?
- Have a chronic or recurring illness/condition?
- Have frequent headaches?
- Ever had a seizure?
- Have diabetes?
- Have asthma?
- Ever had high blood pressure?
- Had mononucleosis in the last 12 months?
- Have a bleeding or clotting disorder?
- Ever been diagnosed with a heart defect/disease?
- Have problems with sleepwalking?
- Any physical condition requiring restrictions on participation in the camp program?
- Is pregnant and/or breastfeeding?

Date of Last COVID Vaccine	Date of Last Tetanus Vaccine	Date of Last Medical Exam
All Other Immunizations are Up to Date (If no, explain below)		If there is an outbreak of a communicable disease at camp, parents of non-immunized campers will be asked to come and pick up their children to reduce the risk of exposure.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Dietary Information

I eat a regular, varied diet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am lactose intolerant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am vegetarian.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		

Allergies: Please Explain	
Medications	
Foods	
Insects/Environmental	

Medications			
<input type="checkbox"/> I will NOT be bringing any medication (prescription or non-prescription) <input type="checkbox"/> I will be bringing (prescription and non-prescription) medication in its original container labeled with my name to be stored in Ulrich Lodge. I will be responsible for administering meds to myself as needed.			
In case of an emergency, it is important for paramedics to know that I am on the following medications:			
Medication	Dose	Time	Reason for Taking Med

Authorization:

The personal and medical information is correct and complete as far as I know. I am able to engage in all camp activities as noted. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary, related transportation for myself. In the event of an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for myself. This completed form may be photocopied for trips out of camp.

Signature: _____

Date: _____

Print Name: _____