

Health History Form for Adults Attending Camps or Retreats

Camp & Retreat Ministries
Oregon-Idaho Conference

Dates of Camp Attendance _____

Name of Camp or Event _____

Site: (Circle one) Latgawa Magruder Suttle Lake
Sawtooth Wallowa Lake Other

This form should be sent in to the camp at least 10 days prior to your arrival so that the camp staff can be aware of your needs. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.

Mail this form to the Camp Site (circled above)
at least 10 days before the first day of the event.

PERSONAL INFORMATION:

Name _____

Home address _____

City _____ State _____ Zip _____

Phone1 _____ Phone2 _____

Birthdate _____

Gender: Male Female

Email: _____

EMERGENCY CONTACT: Whom should we notify in case of a medical emergency?

Name _____

Relationship _____

Address _____

Phone _____

City _____ State _____ Zip _____

DIETARY RESTRICTIONS: Check all that apply.

- No Dietary Restrictions Vegetarian Lactose Intolerant
 Diabetic Gluten-Free Vegan

Please give us specifics _____

HEALTH HISTORY: Check all that apply

- Epilepsy or seizures Diabetes Type 1 Heart disease Use of C-Pap Machine
 Knee or Hip issues Diabetes Type 2 Asthma/ respiratory Back pain or strain

Other Concerns _____

Do you have any known allergies? (Specify): _____

If any allergies, do you use/carry an epi-pen? ____ Yes ____ No

Date of Last Tetanus shot (if known) _____

Are you presently taking any medications? ____ Yes ____ No

Attach a list of all medications you are bringing with you to this event. Please list ALL medications being taken (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

PHYSICIAN:

Name of family physician _____ Phone _____

Address _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

In signing this form I hereby certify that this information is correct. In case of medical emergency I understand that every effort will be made to contact the emergency contact listed above. In the event they cannot be reached I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment including hospitalization and to provide or arrange necessary related transportation for me. I agree to the release of any records necessary for insurance purposes.

I give permission for my photo, oral interview or written material to be used in advertising of the camp or camping program.

Signature of Adult camper/staff _____ Date _____

Print, sign and mail this form to the camp at least 10 days before the first day of the event.