

# ADULT Medical Information Form

## Dakotas-Minnesota Area

United Methodist Camp & Retreat Ministries



Please bring this completed form to camper check-in, or complete the form in your online account at least 10 days prior to camp.

This form is **MANDATORY** and must be completed by all adult participants, as well as all volunteers attending camping events. This form is **REQUIRED** at the time of camper check-in and the *Statement of Agreement* section at the end of the form **MUST** be signed.

**Camp or Event:** \_\_\_\_\_

**Camp Number:** \_\_\_\_\_

Your Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail: \_\_\_\_\_

### 1. Tell us about your **nutrition status**:

I eat a **Regular Diet with NO restrictions**.  I eat a **Vegetarian Diet**.  I eat a **Vegan Diet**.

I have the following **dietary restrictions or modifications**: \_\_\_\_\_

I have **NO food allergies**.

I am **allergic to the foods listed here**. (Check the box if eating this food item triggers anaphylaxis for you.)

a. \_\_\_\_\_  Causes Anaphylaxis b. \_\_\_\_\_  Causes Anaphylaxis

2. Do you have **any health conditions such as a chronic illness, other allergies, or a special circumstance** which might impact your ability to participate in this camp program?

**No**, I am prepared to fully participate.

**Yes**, as explained: \_\_\_\_\_

3. Date of your most recent **tetanus immunization** (Month & Year): \_\_\_\_\_

4. **Volunteers ONLY** – Do you require any **medications that might impair** your ability to perform the essential functions of your position/role?  **No**  **Yes - If yes, volunteer must discuss details with the camp healthcare provider.**

5. Should the unforeseen occur, **who would you like us to notify in an emergency?**

Name of Individual: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

6. Things you should know about **health services while you are at camp**:

- In case of an emergency, we will contact local ambulance or emergency services. It may take a while for an ambulance or emergency services to reach each location. Please contact the campsite or your event leader for specific information.
- During your time at camp, a **health care manager will be available** to help with your emergent health questions or needs.
- All of our camps have an on-site AED. They do not have portable oxygen available.
- Adult participants manage their own medications**; please bring what you anticipate needing. **All personal medications, including over-the-counter medications, must be stored securely while attending camp, either discreetly in a locked vehicle or in another secure location.** In the event of emergency, we advise each participant to come with a full list of medications currently being taken. You are welcome to use the **ADULT Medication List**, available in the *Forms section* of our website, for this purpose.
- There may be **clinics, hospitals, and pharmacies** available to you within close proximity of each campsite and location. Please contact the campsite or event leader for specific information.

### **Statement of Agreement**

I have read the information both on this page and in what was sent to me as an adult participant for this camp program. I understand 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 while at camp. I agree to inform the camp of any changes that might impact my participation.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_