

**Camper Medical Information  
and Authorization Form  
ADULT PARTICIPANT ONLY  
Dakotas-Minnesota Area**  
United Methodist Camp & Retreat Ministry



Please bring this completed form to camper check-in, or complete form online at least 2 weeks prior to camp.

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

**Camp Session** \_\_\_\_\_ **Camp Number** \_\_\_\_\_

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Middle Initial Last Name

Home Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

2. About your nutrition status:

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

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

3. Do you have a 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?

No, I am prepared to fully participate.

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

4. 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: (\_\_\_\_\_) \_\_\_\_\_

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

a. 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.

b. All of our camps have an on-site AED. They do not have portable oxygen available.

c. **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.

d. 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: \_\_\_\_\_