

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 week 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 am a vegetarian of this type (*By indicating that you are vegetarian, we will provide entrees that compliment your indicated vegetarian preference. We rely on you to eat as you've indicated so we do not waste food.*)
- Semi-vegetarian (no pork or beef)
- Pesco vegetarian (no pork, beef or chicken)
- Lacto-ovo vegetarian (no beef, pork, chicken, fish or seafood)
- Vegan (no beef, pork, chicken, fish, seafood, eggs or dairy)

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:

- 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.
- 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. In the event of emergency, we advise each participant to come with a full list of medications currently being taken.
- 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: _____