Upper New York
CAMP & RETREAT
Ministries

ADULT & FAMILY PROGRAMMING HEALTH FORM

This form is ***required*** for attendance. Please fill out *one* section for *each* attendee – this form is for up to four (4) family members. For additional family members, please make a copy of this form, fill out, and attach prior to submitting.

PRIMARY ADULT

Name_____ Date of Birth _____

Home Address_____
Street Address *City* *State* *Zip*

Cell Phone_____ Home Phone_____ Work Phone_____

Email Address_____

HEALTH HISTORY

1. List any MEDICAL / HEALTH CONDITIONS / RESTRICTIONS for which we should be aware, particularly in case of emergency (Include pertinent past Medical History):

2. List any PRESCRIPTION MEDICATIONS:

3. List any ALLERGIES and REACTIONS to any medication, food, or environmental conditions:

4. List any dietary needs/concerns (i.e., Celiac disease, diabetic, peanut/nut allergies, etc.):

5. List recent (last 12 months) hospitalizations and/or surgeries:

6. Physician's name_____ Physician's phone_____

ADDITIONAL PARTICIPANT Name_____

Date of Birth_____ Relationship to Primary Adult_____ Contact Number_____

HEALTH HISTORY

1. List any MEDICAL / HEALTH CONDITIONS / RESTRICTIONS for which we should be aware, particularly in case of emergency (Include pertinent past Medical History):

2. List any PRESCRIPTION MEDICATIONS:

3. List any ALLERGIES and REACTIONS to any medication, food, or environmental conditions:

4. List any dietary needs/concerns (i.e., Celiac disease, diabetic, peanut/nut allergies, etc.):

5. List recent (last 12 months) hospitalizations and/or surgeries:

6. Physician's name_____ Physician's phone_____

ADDITIONAL PARTICIPANT Name_____

Date of Birth_____ Relationship to Primary Adult_____ Contact Number_____

HEALTH HISTORY

1. List any MEDICAL / HEALTH CONDITIONS / RESTRICTIONS for which we should be aware, particularly in case of emergency (Include pertinent past Medical History):

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3. List any ALLERGIES and REACTIONS to any medication, food, or environmental conditions:

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5. List recent (last 12 months) hospitalizations and/or surgeries:

6. Physician's name_____ Physician's phone_____

ADDITIONAL PARTICIPANT Name_____

Date of Birth_____ Relationship to Primary Adult_____ Contact Number_____

HEALTH HISTORY

1. List any MEDICAL / HEALTH CONDITIONS / RESTRICTIONS for which we should be aware, particularly in case of emergency (Include pertinent past Medical History):

2. List any PRESCRIPTION MEDICATIONS:

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6. Physician's name_____ Physician's phone_____

EMERGENCY CONTACT—Whom should we contact in case of emergency? (Must be someone not in attendance at camp)

Name_____ Relationship to Primary Adult_____

Cell Phone_____ Home Phone_____ Work Phone_____

— ALL ADULTS 18 & OVER, PLEASE READ CAREFULLY AND SIGN BELOW —

PARENT/GUARDIAN AUTHORIZATION: To the best of my knowledge, all information provided on this form is accurate and complete. I submit that all persons listed herein are in good health and have permission to participate in all activities, except as noted. In the event I cannot be reached in an emergency, I understand that every effort will be made to contact the emergency person listed. In the event that they cannot be reached, I hereby give permission to the physician and other medical personnel selected by the camp to hospitalize, secure proper treatment for, and to order routine tests and/or injections and/or anesthesia and/or x-rays and/or surgery for myself and/or the persons listed herein. I understand that the Camp Director or health care personnel reserves the right to send a person home whose medical condition, in their opinion, becomes unmanageable and/or places other persons at risk. If I, or any person listed herein, have any changes in health status or condition, I understand that this information will need to be resubmitted.

Primary Adult's Signature_____ Print Name_____ Date_____

Additional Adult's Signature_____ Print Name_____ Date_____

Additional Adult's Signature_____ Print Name_____ Date_____

**** For additional family members or signature lines, please make a copy of this page, complete, and attach prior to submitting PRIOR to arrival on site ****