

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: _____

Date of Birth: _____

Gender: _____

Preferred Pronouns: _____

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:**

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. During your time at camp, a **health care manager will be available** to help with your emergent health questions or needs.

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

d. **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.

e. 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: _____