HEALTH and EMERGENCY INFORMATION for Adult Campers

Complete and return this to our camp office at least two weeks prior to your arrival.

Camp Med-o-lark

Questions?
healthcenter@medolark.com
or
info@medolark.com

Your Name: _____
First Name Middle Initial Last Name

Date of Birth: _____
Month Day Year

Home Address: _____
Street Address

Phone: (____)_____

City: _____ State: _____ Zip: _____

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:

a. In case of an emergency, we will call the local ambulance service. It takes at least [**insert time**] for an ambulance to get to camp.
b. During your stay, [**insert name of camp's designated healthcare provider <u>and</u> this individual's credential**] is available to help with your emergent health needs.
c. Our camp **does/does not** have an AED at camp. Our camp **does/does not** have portable oxygen at camp.
d. Adult participants manage their own medications; please bring what you anticipate needing.
e. e. There is a **[clinic, hospital, and pharmacy]** available to you in town. These are [**insert distance**] miles from camp.

<u>Statement of Agreement</u>

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: _____