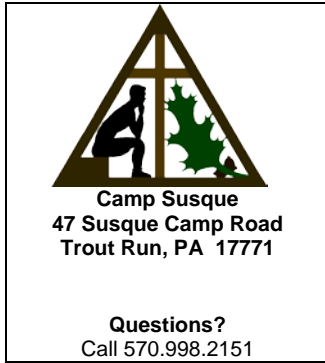


HEALTH and EMERGENCY INFORMATION for Adult Campers



Your Name: _____
First Name Middle Initial Last Name

Date of Birth:

Home Address: _____
Street Address

Month Day Year

City: _____ State: _____ Zip: _____

Phone: _____
() _____

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 is an intolerance or triggers anaphylaxis for you.*)
- a. _____ Intolerance Anaphylaxis b. _____ Intolerance Anaphylaxis
- c. _____ Intolerance Anaphylaxis d. _____ Intolerance Anaphylaxis

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 call the local ambulance service. It takes at least 10 minutes for an ambulance to get to camp.
- During your stay, CPR and First Aid trained staff members are available to help with your emergency health needs.
- Our camp **does** have an AED at camp. Our camp **does not** have portable oxygen at camp.
- Adult participants manage their own medications; please bring what you anticipate needing.
- There is a physicians clinic, hospital and pharmacy available to you in Williamsport. These are 16 miles from camp.

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: _____