

**WASHINGTON NORTH IDAHO CONFERENCE  
UNITED CHURCH OF CHRIST  
ADULT HEALTH FORM**

This form must be completed before the beginning of camp that you are attending. The completed form **MUST** be at the campsite with the nurse or camp director. Please keep in mind that this is information that would be needed should an emergency arise and you were unable to answer for yourself. This information will be kept confidential.

CAMPER'S

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

State

Zip

HOME PHONE(\_\_\_\_) \_\_\_\_\_ WORK PHONE(\_\_\_\_) \_\_\_\_\_

IN EMERGENCY NOTIFY:

NAME \_\_\_\_\_ PHONE#(\_\_\_\_) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE#(\_\_\_\_) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME OF INSURANCE

CARRIER \_\_\_\_\_ MEMBER# \_\_\_\_\_

Please attach photocopies of the front and back of the camper's insurance card.

*HEALTH HISTORY*

ALLERGIES TO MEDICATIONS \_\_\_\_\_

TO FOODS \_\_\_\_\_

LIST ANY DIETARY

RESTRICTIONS \_\_\_\_\_ VEGETARIAN? \_\_\_\_\_

DATE OF LAST TETANUS BOOSTER \_\_\_\_\_

DO YOU TAKE MEDICATIONS REGULARLY? IF SO, WHAT, AND FOR WHAT  
CONDITION?

\_\_\_\_\_  
\_\_\_\_\_

WILL YOU TAKE MEDICATION WHILE AT CAMP? \_\_\_\_\_ IF YES, PLEASE LIST  
ON BACK:

MEDICATION AND DOSAGE

SCHEDULE

_____	_____
_____	_____
_____	_____
_____	_____

ARE YOU SENSITIVE TO BEESTINGS? \_\_\_\_\_ IF SO, HOW SHOULD YOU BE TREATED IF STUNG?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*PAST HISTORY (PLEASE CHECK IF APPLICABLE)*

\_\_\_\_\_ EPILEPSY

\_\_\_\_\_ DIABETES

\_\_\_\_\_ HEART TROUBLE

\_\_\_\_\_ ELEVATED BLOOD PRESSURE

\_\_\_\_\_ ASTHMA

\_\_\_\_\_ SEVERE CONSTIPATION

\_\_\_\_\_ RECENT SURGERY

\_\_\_\_\_ NICOTINE ADDICTION

\_\_\_\_\_ CHEMICAL ADDICTION

\_\_\_\_\_ OTHER (PLEASE EXPLAIN)

DO YOU HAVE ANY OTHER LIMITATIONS OR MEDICAL PROBLEMS WE SHOULD BE AWARE OF?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DURING MY, THE CAMP DIRECTOR OR NURSE HAS MY PERMISSION TO AUTHORIZE MEDICAL AND/OR SURGICAL TREATMENT FOR ME IN THE EVENT THAT I AM UNABLE. ANY EXCEPTIONS TO THIS CONSENT ARE NOTED ON SEPARATE ENCLOSURE.

CAMP #, NAME, AND DATES THE CAMPER IS ATTENDING \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_