



## 2018 Adult Medical Health Form

For:

### Health History

\*\*\*Please fill out form completely. No camper can, or will, be admitted without a COMPLETED health form.\*\*\*

Is the participant covered by Medical/Hospital Insurance?

Yes

No

Insurance Company

Policy Number

Subscriber

Insurance Company Phone Number

### Allergies

Allergies

This camper has no known allergies

This camper has allergies

This camper is allergic to:

Food

The environment (Pollen/Dander/Ragweed etc)

Medicine

Other

Insect stings/bites

Please describe what the camper is allergic to and the reaction seen.

### Diet and Nutrition

Diet

This camper eats a regular diet

This camper has special diet needs

Medically prescribed dietary restriction

Gluten Free

Diabetic

Casein Free

Celiac

Lactose Intolerant

Other

Please describe "other" dietary restrictions

For:

Special diet requests

Vegetarian

Gluten Free

Vegan

Other

Please describe "other" dietary requests

### General Health History

Please check each statement that applies to the camper. Explain "checked" answers below.

Has/does the camper

Traveled outside the country in the past 9 months?

Have diabetes?

Have recurrent/chronic illnesses?

Have seizures?

Had a recent infectious disease?

Had headaches?

Had a recent injury?

Had fainting or dizziness?

Had asthma/wheezing/shortness of breath?

Passed out/had chest pain during exercise?

Please explain "checked" answers in the space below. For travel outside the country, please name countries visited and dates of travel. Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

### Medical Treatment Authorization **\*\* (Signature required for ALL campers) \*\***

Submission of this form acknowledges that the above information is correct to the best of my knowledge. Furthermore, I give permission for UCCI, Pilgrim Center, and Moon Beach staff during my stay to administer routine care for minor health requests and concerns; provide medical treatment if necessary and I am unable to communicate my desires; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. This form may be photocopied or otherwise reproduced for trips off the camp premises.

In addition I understand that participating in activities at UCCI facilities have inherent risks many of which cannot be eliminated, altered or controlled. UCCI staff will use their best judgement in coordination with my program and retreat leaders to determine how to react to circumstances. I also acknowledge that I will use my own judgement and release and waive any claim of liability against Moon Beach, Pilgrim Center, United Church Camps Inc and their agents, employees, officers, directors, successors, and assignees.

CAMPER'S SIGNATURE

Date

Emergency Contact

Phone number