

UNITED METHODIST CAMPS
ADULT / STAFF – CAMP / RETREAT HEALTH FORM

Camp # _____

Special Note: This form is for those attending an event that are 18 years of age or older.

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF SPOUSE (if applicable) _____

SPOUSE'S PHONE # _____ Gender Male Female
Home Work/Cell

IN AN EMERGENCY PLEASE NOTIFY _____
Name Phone

PRESENT PHYSICIAN _____ PHONE _____

PRESENT DENTIST/ORTHODONTIST _____ PHONE _____

EVENT DATE _____ CAMP # _____ LOCATION _____

Please Read the following information carefully, completing the requested information. As an adult, we understand that you are still primarily responsible for managing your health status while at our camp or retreat event. Any information you share on this form will be shared with camp staff only on a “need to know basis”. Our campsites all maintain the quality health standards as required through the ACA (American Camp Association). There are varying degrees of emergency health services and systems at our different sites. Please check with the site director if you have questions or special concerns.

REQUIRED FROM YOU

- A completed and signed health history (this form) that is current and advises as to your ability to participate in this event. If possible please forward this form to the camping office 2 weeks prior to your event – otherwise bring it with you. It is difficult to meet any specific needs without this information coming in advance.
- Information on any medical condition or treatment that might impact your ability to participate – if any
- An update on any allergies or dietary restrictions
- An update on your immunizations – with your most recent Tetanus shot record/date
- Medications (both prescription and over-the-counter) that you are taking. The camp or site where you are attending will work with you on their respective medication management policies. This relates to the safety of others on site as well.

Please complete the insurance information below and the health history information on the REVERSE side of this form. You must also SIGN the permission areas relating to: PHOTO – PARTICIPATION

Camp insurance coverage is secondary to a camper’s insurance policy. Camp insurance will help cover any deductible, prescriptions, and expenses in excess of your company’s maximum coverage. (Please note that our coverage does NOT cover illness which is not specifically camp-related e.g. appendicitis or strep throat).

Policy Holders’ Name _____
Insurance Company _____ Policy # _____

PLEASE COMPLETE THE REVERSE SIDE

NAME _____

Adult Health History

Immunizations Please indicate dates when last received

Tetanus Shot _____
Month & Year

Check others / date if possible
 MMR (Measles-Mumps-Rubella) _____

Allergies Please list Allergies Describe the Reaction

Medications _____

Food _____

Other _____

Dietary Restrictions Please describe any special dietary needs that you have

Medications Please list any prescribed and over-the-counter medications you are taking

Health Conditions Do you have a health condition (current or past) such as chronic illness or special circumstance that we should know about because it impacts your ability to participate in the camp or retreat program?

NO, I am prepared to fully participate YES, as explained below

Be sure to read your event letter & understand the nature of the activities planned for your camp/ event. Questions? Contact your event leader.

Please describe any current physical, mental, or psychological condition requiring medication, treatment, or special restrictions or considerations while at this event or camp. _____

Photo Permission I understand that videos/photos take while at this camp/event may be used by the Minnesota Annual Conference for future promotions. I give my permission for this.

YES NO

Statement of Agreement I have read the information both on this form and in what was sent to me as an adult participant. I understand my health information will be shared with camp staff only on a "need to know" basis and that, as an adult, I retain primary responsibility for managing my health status while at this event. I agree to participate and inform the camp staff of any changes that might impact my participation. I also give permission for camp staff to seek emergency medical care on my behalf -if the need arises.

X _____

Date _____