

Emergency Information Form – Adult Campers

Name _____ SS# _____ DOB _____

Address _____ City _____ ST _____ Zip _____

Home Phone# _____

Medical Insurance Company _____ Phone# _____

Policy# _____ Group# _____

Emergency Contact (not at camp)

Name _____ Phone# _____

Known allergies to food, medication and/or anesthetics:

Known medical problems/conditions:

I hereby give permission for the camp first aid person to provide routine health care and emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the retreat organizers or the camp staff to arrange necessary related transportation. In the event of an emergency, I hereby give permission to the physician selected by the retreat organizers or camp staff to secure and administer treatment, including hospitalization. I have been made aware that it takes 45 minutes, in good weather, after a 911 emergency call for paramedics to arrive. If road conditions are icy or hazardous it may take longer.

I agree to follow the safety rules of the camp.

Signature of Adult Camper/Participant Date