

Camp Blue Diamond

Health History Form for Adult Participants

Office Use
Camp _____
Rec'd _____

As an American Camp Association accredited ministry, we are required to meet all standards pertaining to CBD programming. The 2019 guidelines require that we have health information on all Adult Campers. The intent is that emergency contact and health history information be available to the Camp and Healthcare staff in case of an emergency.

Thank you for taking time to complete this information.

CAMPER INFORMATION:

Adult's Last Name _____ First _____
Phone _____
Street Address _____ City _____ State ____ Zip _____

EMERGENCY CONTACT:

Name _____ Relationship to adult camper: _____
Preferred Phone Numbers: (_____) _____ (_____) _____

ALLERGIES

No known allergies. Allergic to: Food Medicine The Environment (insect bites, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction experienced.)

If you checked food allergy, what type of contact will cause a reaction? actual ingestion of food trace cross contact airborne

ASTHMA

Yes No Type and Severity: _____

OTHER HEALTH CONCERNS:

ACTIVITY RESTRICTIONS: (in order to best facilitate the Adult Camper needs, we ask the following)

- I have reviewed the program & activities of the camp and feel that I am able to participate without restrictions.
 I have reviewed the program & activities of the camp and feel that I can participate with the following restrictions or adaptations:

The Adult Camper registering for camp agrees to abide by all regulations concerning personal conduct and use of camp property. I give Camp Blue Diamond permission to photograph or video images of myself. Use of photos and videos will be limited to camp publications, including the website, summer video, group photos and promotional information including social media.

Signature: _____ Date ____/____/____