

MAUMC Adult Camper Health Form (2023)

Camper Name _____ Gender _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Cell phone # _____ Other phone #: _____

Emergency Contact: _____ Relationship _____ Cell _____

Name of Health Insurance _____

Contract # on health card _____

Allergies

To Medication? No Yes , if yes please list below:

To Environmental (including bee stings)? No Yes, if yes please list below:

To Certain Food? No Yes, If yes, please list below:

Allergies

If you are on prescribed medications, please list them below so that in case of an emergency the camp will have the information to hand to needed emergency responders:

PHYSICAL LIMITATIONS:

Do you have any physical limitations? No Yes If yes, explain:

Diet

(this information will be shared with our kitchen staff)

Are you: vegetarian vegan gluten free lactose intolerant other

Are you on a special diet for medical reasons? No Yes What type? _____

Assumption of Risks: Having read the camp description, I understand there are risks inherent to camping activities (outdoor activities, sports, aquatics, etc.).

Adult Participant Signature: _____ **Date:** ____/____/____