ADULT HEALTH FORM

Please bring your form with you to camp

Name ______________________________ Birth date ______________

Address ______________________ City ____________State______ Zip ________

Home Phone __________________ Gender: ❒ Male ❒ Female

Emergency Contact Name ______________________ Phone ____________________

Relationship to you ____________________ Alternate Phone____________________

INSURANCE INFORMATION Are you covered by family medical/hospital insurance? ❒ Yes ❒ No

Please make sure to have your insurance card or a copy of your insurance card with you.

HEALTH HISTORY

Allergies Mark each allergen with an X and explain how you react and how you treat the reaction.

❒ Food ❒ Medication ❒ Insects ❒ Airborne ❒ Other: ____________

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Dietary Restrictions Mark any restriction in your diet. Explain.

Do not eat: ❒ Dairy Products ❒ Meat ❒ Eggs ❒ Other: ______________

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Are you taking any medications you feel we should be aware of? ____________________

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Have you been ill/injured or hospitalized in the last 6 months? ❒ Yes ❒ No

Mark each condition with an X that you have ever been diagnosed with or been treated for. Explain all yes answers in the space provided below

❒ Infectious disease.................................. Yes/No
❒ Chronic or recurring illness/condition... Yes/No
❒ Back problems .... Yes/No
❒ Joint problems .... Yes/No
❒ Asthma.. Yes/No
❒ High blood pressure.............................. Yes/No
❒ Cardiac condition ....Yes/No
❒ Head injury..Yes/No
❒ Seizures ....Yes/No
❒ Diabetes...Yes/No
❒ Other:
❒ Other:

Please explain any "yes" answers above. ________________________________

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I agree that the camp, or its personnel, will not be held responsible for accidents or personal injury arising therefrom. In the case of a medical emergency, I understand that every effort will be made to contact the emergency contact. In the event they cannot be reached I hereby give permission to the medical examiner selected by the Crossways staff to hospitalize, to secure proper treatment for, to order an injection, anesthesia, or surgery for the above named adult. I understand that Crossways does not provide medical insurance. I further authorize Crossways Camping Ministries to use picture(s) or other likeness of the above named adult in promotional brochures, videos, its website, etc., without prior notice. (No identifying information will be printed/posted.)

Signature: ____

Printed name:________________________________ **Date:**______________