

Burgundy Center For Wildlife Studies Adult Weekend Health Form 2010

Name: _____ Birthdate _____ Sex _____ Age _____

Home Address _____

Emergency Contact _____

Home Address _____ Phone _____

Business Phone _____

Alternate Emergency Contact:

Name _____ Phone _____

Address _____

This health history is correct so far as I know.

Emergency Authorization: In event I cannot make decisions for myself in an emergency, and that no emergency contacts can be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and /or surgery for the person named above. This form may be photocopied for the use out of camp.

Signature _____

Witness _____ Date _____

Adults: sign this only if you desire to do so.

Health History (Check all that you feel we need to know in order to best accommodate you)

	<u>Allergies</u>	<u>Diseases</u>	
Frequent Ear Infections _____	Psychiatric Treatment _____	Hay Fever _____	Chicken Pox _____
Heart Defect/Disease _____	Mononucleosis _____	Ivy Poisoning, etc _____	Measles _____
Diabetes _____		Insect stings _____	German Measles _____
Bleeding/Clotting Disorders _____		Penicillin _____	Mumps _____
Hypertension _____		Other Drugs _____	
		Asthma _____	

Ever been stung by a bee? _____ If yes, what is current severity of reaction? _____

Disability or chronic or recurring illness? _____

Dietary modifications? _____

Current medication of which you want us to be aware _____

Other diseases or details of above _____