

Burgundy Center For Wildlife Studies Adult Weekend Health Form 2017

Name: _____ Birthdate _____ Gender _____

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

We are required by the American Camping Association to be aware of allergies or health conditions requiring treatment, restrictions, or other accommodation. Otherwise, check all that you feel we need to know in order to best serve 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 _____			Asthma _____
		Drugs _____	
		Foods _____	

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

Disability or chronic or recurring illness? _____

Activities normally expected in a camp setting for which you have limited capabilities? _____

Dietary modifications? _____

Current medication of which you want us to be aware _____

Other diseases or details of above _____