ADULT RETREAT REGISTRATION / MEDICAL FORM

M F

name

/ /

address birthdate

city state zip

( )

home phone email

retreat session retreat date

church sponsoring, *if any*

emergency contact person

( ) ( )

emergency home phone # emergency cell phone #

health insurance company

insurance ID # group #

physician's name phone #

HEALTH HISTORY – *CHECK (✓) THOSE THAT APPLY*

- ❑ RECENT SURGERY
- ❑ FAINTING
- ❑ HEART TROUBLE
- ❑ MIGRAINES
- ❑ HEAD LICE
- ❑ ASTHMA
- ❑ MENTAL HEALTH / BEHAVIORAL
- ❑ KIDNEY TROUBLE
- ❑ CHRONIC ILLNESS
- ❑ CONVULIONS/SEIZURES
- ❑ DIABETES
- ❑ NOSEBLEEDS
- ❑ BEDWETTING
- ❑ NIGHTMARES
- ❑ SLEEPWALKING
- ❑ OTHER (LIST)

ALLERGIC TO: ❑ FOOD ❑ MEDICINE ❑ THE ENVIRONMENT

EXPLAIN:_____

IMMUNIZATION RECORD – *CHECK (✓) IF IMMUNIZED AGAINST.*

- ❑ CHICKENPOX
- ❑ POLIO
- ❑ DIPTHERIA, PERTUSSIS, TETANUS
- ❑ HEPATITIS B
- ❑ MMR

Date of Last Tetanus Booster _____

LIST ANY ACTIVITY RESTRICTIONS, DIETARY RESTRICTIONS, HEALTH PROBLEMS AND/OR MEDICATION (RX OR OTC) RELATING TO YOURSELF. PLEASE GIVE A DESCRIPTION OF ANY CURRENT PHYSICAL, MENTAL, OR PSYCHOLOGICAL CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESTRICTIONS OR CONSIDERATIONS WHILE AT CAMP. USE THE REVERSE SIDE OR AN ADDITIONAL SHEET.

IMPORTANT

IF THE HEALTH HISTORY IDENTIFIES HEALTH PROBLEMS OR ACTIVITY LIMITATIONS, A PHYSICAL EXAMINATION MUST BE PERFORMED BY A LICENSED PHYSICIAN WITHIN ONE YEAR BEFORE ADMISSION TO CAMP, INCLUDING INSTRUCTIONS RELATIVE TO THE LIMITATION OF THE INDIVIDUAL'S PARTICIPATION IN CAMP ACTIVITIES OR MEDICATION REQUIREMENTS.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO PROTECT AND SAFEGUARD ALL GUESTS. I AGREE NOT TO HOLD BIG SANDY CAMP LIABLE FOR ANY ILLNESS OR MISHAP FROM ANY CAUSE WHATSOEVER.

I UNDERSTAND THAT ANY GUEST DISREGARDING CAMP RULES IS SUBJECT TO BEING SENT HOME WITH NO REFUND OF CAMP FEES. I UNDERSTAND THAT ANY GUEST WHO WILLFULLY DESTROYS PROPERTY WILL BE HELD RESPONSIBLE AND BE CHARGED ACCORDINGLY.

BIG SANDY CAMP MAY USE PHOTOS, VIDEO, OR COMMENTS, OF THE GUEST NAMED ABOVE IN ITS PROMOTIONAL MATERIALS.

IN CASE OF EMERGENCY, IF I CANNOT BE CONTACTED, OR THE EMERGENCY NUMBER CANNOT BE CONTACTED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MYSELF, AS NAMED ABOVE.

ALL ABOVE INFORMATION IS CORRECT AS LISTED.

SIGNATURE DATE