

Emergency Information

To be completed by adult campers. Without this completed form you will not be allowed to participate in any camping event.



Personal Information

Name: (Last) _____ (First) _____ (MI) _____
Home Phone: _____ D.O.B: _____ Age: _____ Gender: _____
Address: _____ City/State: _____ Zip: _____
1st Emergency Contact: _____ Ph #: _____
2nd Emergency Contact: _____ Ph #: _____
Physician Name: _____ Ph #: _____

Health Information

Medications

Able to take Tylenol? YES NO Able to take Advil? YES NO

Are you currently on any medication? Please specify: _____

Does camper have any allergic reactions to:

Bee Stings Poison Ivy/Oak (Highly Allergic)
 Drugs (describe) _____
 Foods (describe) _____
 Other _____

Please describe allergic reactions

Any special medical conditions you may have that would require extra care? _____

Any special restrictions or considerations while at camp? _____

By signing below, I understand that this information will only be used in case of an emergency. This health information is correct and complete as far as I know.

Name (Printed)

Date

Signature