



HEALTH and EMERGENCY INFORMATION for Adult Campers

Complete and return this to our camp office at least two weeks prior to your arrival.
8500 Oakwood Lane, Andalusia, AL 36420

Your Name: _____ Date of Birth: _____
First Name & Middle Initial Last Name Month Day Year

Home Address: _____ Phone: (____) _____
Street Address Area Code Number

_____ Sex: Male Female
City State Zip Code

1. Date of your most recent tetanus immunization . . . (Month & Year) _____
2. About your nutrition status:
 I have no food allergies. a. _____ Causes Anaphylaxis
 I am allergic to the foods listed here. → *Check the box if eating this food item triggers anaphylaxis for you.* b. _____ Anaphylaxis
 I am a vegetarian of this type → *By indicating that you are vegetarian, we will provide entrees that compliment your indicated vegetarian preference. We rely on you to eat as you've indicated so we do not waste food.*
 Semi-vegetarian (no pork or beef)
 Pesco vegetarian (no pork, beef or chicken)
 Lacto-ovo vegetarian (no beef, pork, chicken, fish or seafood)
 Vegan (no beef, pork, chicken, fish, seafood, eggs or dairy)
3. Do you have a health condition such as a chronic illness or a special circumstance that we should know about because it impacts your ability to participate in this camp program?
 No, I am prepared to fully participate.
 Yes as explained below:

4. Should the unforeseen occur, who would you like us to notify in an emergency?
Name of Individual: _____ Relationship To You: _____
Address: _____ Preferred Phone: (____) _____
Alternate Phone: (____) _____
5. Things you should know about health services while you are at camp:
a. In case of an emergency, we will call the local ambulance service. It takes at least 15 minutes for an ambulance to get to camp.
b. During your stay, there will be at least one certified health care professional available to help with your emergent health needs.
c. Our camp does have an AED at camp. Our camp does have portable oxygen at camp.
d. Adult participants manage their own medications; please bring what you anticipate needing.
e. There is a hospital and pharmacy available to you in town. These are 18 miles from camp.

Statement of Agreement

I have read the information both on this page and in what was sent to me as an adult participant for this camp program. I understand my health information will be shared with camp staff on a "need to know" basis and that, as an adult, I retain primary responsibility for managing my health status while at camp. I agree to inform the camp of any changes that might impact my participation.

Date: _____

Signature: _____

Questions? Call us at 334-222-5407