ADULT CAMPER HEALTH HISTORY

Mail this form to:

Pioneer Camp & Retreat Center, Inc. 9324 Lake Shore Road Angola NY 14006

Name:					
	First	Middle	Last		
	ending camp:	Month/Day/Year	to to Month/Day Year Age on arrival at Camp:		
This form is for emergency purposes ONLY! Please return to our office 14					

days before your arrival. Please be sure to send a copy of your insurance card. Name of Primary Care Physician: Phone: Home Address: Mailing Address State **In Case of Emergency Contact:** Name: ______Relationship to Camper: _____ Preferred Phone: () Secondary Phone() Home Address: City State Mailing Address (if different from above) Zip **Allergies:** □ No known allergies □ I am allergic to: □ Food □ Medicine \Box The environment (insect stings, hay fever, etc.) \Box Other Describe what you are allergic to and the reaction seen. Diet & Nutrition: \square I eat a regular diet. \square I eat a regular vegetarian diet. ☐ I have special food needs. **Describe dietary needs.** Medications: Please list ALL medications you take. In case of an emergency, it is essential that we know if you are on any medications. Please list below each medication by name, dose, and frequency. Name of medication Dose Frequency

Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the my health for both routine health care and in emergency situations. I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for myself. I understand the information on this form will be shared on a "need to know" basis with camp staff and health care provider(s). I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my health record from providers who treat me and these providers may talk with camp staff about my health status.

Signature of Camper:	Date
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