

**TROLLFJORDEN LANGUAGE AND CULTURAL CAMP  
ADULT HEALTH STATUS INFORMATION**

All information held in the strictest confidence. For use by Nurse only.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Tele. \_\_\_\_\_  
Health Care Name/Number \_\_\_\_\_ State \_\_\_\_\_

**Health Status Information ( Adults)**

1. Are your immunizations up to date? \_\_\_\_\_ Date of last Tetanus booster \_\_\_\_\_
  
2. Do you have any allergies? \_\_\_\_\_ Allergic to: \_\_\_\_\_  
Severity & Type of reaction: \_\_\_\_\_  
Usual treatment: \_\_\_\_\_  
\_\_\_\_\_
  
3. Do you have *any* health problems which require medication or special treatment? \_\_\_\_\_  
\_\_\_\_\_
  
4. Medications: (Please list and include dosage and times:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent for First Aid Assessment and Treatment**

I \_\_\_\_\_ hereby give my consent for the camp nurse to administer First Aid to me while attending Trollfjorden Camp. I understand that First Aid includes the assessment and treatment of minor illness and injury. If required, this includes the administration of non-prescription medications including topical ointments to prevent infection of minor wounds, pain or fever medications such as *Tylenol*, and medication for upset stomach or diarrhea such as Pepto Bismol providing there is no indication of allergy to them as listed above. I also give my consent for the camp nurse to arrange for transportation of me to a medical facility if in her opinion I require assessment/treatment by a physician . I absolve Trollfjorden from liability in acting on my behalf.

Exceptions (if any): \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Use this space for any additional information: