

TROLLFJORDEN CAMP DISTRICT IV
Adult Health Status Information

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

Camper Information- In case of emergency

Name _____ Date of birth _____ - _____ - _____

Address _____ City _____ St _____ Zip _____

Preferred Phone# _____ - _____ - _____ Other # _____ - _____ - _____

Family Doctor _____ Phone _____ - _____ - _____

Health Insurance Carrier _____ Policy # _____

Health Status Information:

- Are your immunizations up to date: _____ Date of Last Tetanus Booster _____

- Do you have any allergies: _____ If so, allergic to: _____

Severity & Type of reaction: _____

Usual Treatment Needed _____

- Do you have any health problems which require medication or special treatment?

- Medications: (Please list and include dosage and times taken)

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 assessment and treatment of minor illness and injury. If required, this includes the administration of non-prescription medications including topical ointments for 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 listed above. I also give my consent for the camp nurse to arrange to transport me to a medical facility if in their opinion I require assessment/treatment by a physician. **By signing this form, I absolve Trollfjorden from liability in acting on my behalf.**

Signature

Date

NOTE: You may put additional information on the back of this page. Circle **YES** if you are using the reverse side for additional information.