

HEALTH and EMERGENCY INFORMATION for Adult Campers

Complete and return this to our camp office at least two weeks prior to your arrival.

LOMC
P.O. Box 239
Oregon, IL 61061

Questions?
Call Audrey at 815-732-2220.

Your Name: _____
First Name Middle Initial Last Name

Date of Birth: _____
Month Day Year

Home Address: _____
Street Address

Phone: (____) _____

City: _____ State: _____ Zip: _____

1. Date of your most recent tetanus immunization (Month & Year): _____

2. About your nutrition status:

I have no food allergies.

I am allergic to the foods listed here. (Check the box if eating this food item triggers anaphylaxis for you.)

a. _____ Causes Anaphylaxis b. _____ Causes 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: _____

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 [insert time] for an ambulance to get to camp.

b. During your stay, [insert name of camp's designated healthcare provider and this individual's credential] is available to help with your emergent health needs.

c. Our camp **does/does not** have an AED at camp. Our camp **does/does not** have portable oxygen at camp.

d. Adult participants manage their own medications; please bring what you anticipate needing.

e. There is a [clinic, hospital, and pharmacy] available to you in town. These are [insert distance] 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.

Your Signature: _____ Date: _____