

HEALTH and EMERGENCY INFORMATION for Adults

Bring this form
to camp.

Questions?
Call the Briarwood office at
(940) 241-2099

Your Name: _____
First Name Middle Initial Last Name

Home Address: _____
Street Address

City: _____ State: _____ Zip: _____

Date of Birth: _____
Month Day Year

Phone: _____
(____) _____

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

Are you current on immunizations? (Check one) ___ Yes ___ No

If you have not been fully immunized, please sign the following: I understand and accept the risks from not being fully immunized.

Signature: _____ Date: _____

2. Allergies:

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

c. _____ Causes Anaphylaxis

Environmental allergies:

Medication allergies:

a. _____

a. _____

b. _____

b. _____

3. Do you have a health condition (physical, mental, or psychological) such as a chronic illness, restriction, special circumstance, or past medical treatments 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. Please list any medications (prescription or over the counter) that you will be taking while at camp.

5. Things you should know about health services while you are at camp:

- In case of an emergency, we will call the local ambulance service.
- During your stay, a first aid trained staff member will be available to help with your emergent health needs.
- Our camp **does not** have an AED at camp. Our camp **does not** have portable oxygen at camp.
- Adult participants manage their own medications; please bring what you anticipate needing.
- There are clinics, emergency room, and pharmacies available to you in the surrounding area.

Statement of Agreement

I will not hold Briarwood or its staff responsible for accident claims and damages arising from my taking part in camp activities. I authorize Briarwood to take such actions as deemed necessary for my care, welfare, and health, including the giving of consent for medical treatment. I understand my health information will be shared with other 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. I also give Briarwood permission to use any photographs/ video of me taken at camp in future promotional material for sites and programs.

Signature: _____ Date: _____