



ADULT RETREAT/RENTAL GROUP ATTENDEE HEALTH HISTORY FORM

Bring this original, completed signed form with you to camp. This form may also be completed upon arrival at camp.

Please check which camp you are attending: Imago Dei Village W8160 Cloverleaf Lake Rd. Clintonville, WI 54929 Pine Lake W5631 Akron Avenue Waupaca, WI 54981 Waypost 210608 Crooked Lake Rd. Hatley, WI 54440

Name: _____ Male Female
First Middle Last

Camper Home Address: _____ Birthdate: _____
Street Address City State Zip Code (Month/Day/Year)

***Allergies:**

- No known allergies.
- I am allergic to:
(Please describe what you are allergic to and the reaction seen on back side)
- Other, please explain on back side

***Diet, Nutrition:**

- I eat a regular diet. I eat a regular vegetarian diet.
- I am lactose intolerant. I am gluten intolerant.
- Other, please explain on back side

Note: We do our best to accommodate food allergies, intolerances, and specialized diets. However, there may be some accommodations we are unable to provide. Please contact the Camp Director to discuss specific dietary needs and concerns two weeks prior to attending.

Health-Care Providers:

Name of primary doctor(s): _____ Phone: (____) _____

Restrictions:

- I have reviewed the program and activities of the camp provided in the camp guide and feel I can participate without restrictions.
- I have reviewed the program and activities of the camp provided in the camp guide and feel I can participate with the following restrictions or adaptations. *(please describe on back side)*

Emergency contact to be contacted in case of illness or injury:

Name: _____ Relationship: _____

Preferred Phones: (____) _____ (____) _____

Home Address: _____
Street Address City State Zip Code

Medical Insurance Information: I am covered by family medical/hospital insurance Yes No

Please include a copy of your insurance card; copy both sides of the card so information is readable

Date of Last Tetanus Shot: _____
(Month/Year)

Medication: I will keep my medications: in the camp-provided lock box that is located in my cabin/room: _____

locked in my car. My car keys are located: _____ Car Make/Model: _____

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

In case of emergency:

What additional information do we need to know? (Ex. Recent surgeries) _____

My driver's license, insurance card, Medicare/Medicaid card and medications are located _____

***This health history is correct and accurately reflects my health status. I give permission to photocopy this form.**

Signature _____ Date: _____

Opt-in for Photo / Video / Audio Release:

I hereby give Crossways Camping Ministries consent to record, videotape and photograph my image and/or voice to be used for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, websites, social networking sites and other print and digital communications. I further understand that no special compensation will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

Signature _____ Date: _____