CROSSWAYS
CAMPING MINISTRIES

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.
Red Asterisks notate mandatory information.

* Please check which camp you are attending: ☐ Imago Dei Village ☐ Pine Lake ☐ Waypost

* Name: _____
First Middle Last

* Birthdate: _____ ❒ Male ❒ Female
(Month/Day/Year)

I further authorize Crossways Camping Ministries to use photos, videos or other likeness of the above named for Crossways publicity with no identifying information posted. Please initial here if you DO NOT authorize this use: _____

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.

*Allergies:

❒ No known allergies.

❒ I am allergic to:

❒ Other

(Please describe below what you are allergic to and the reaction seen.)

*Diet, Nutrition:

❒ I eat a regular diet. ❒ I eat a regular vegetarian diet.

❒ I am lactose intolerant. ❒ I am gluten intolerant.

❒ Other, please explain in space.

*Health-Care Providers:

Name of primary doctor(s): _____Phone: (_____) _____

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

Name: _____ Relationship: _____

Preferred Phones: (_____) _____ (_____) _____

Home Address: _____

In case of emergency is there any additional information we need to know? *(Ex. Recent surgeries)*

_____

_____

*In case of emergency my driver's license, insurance card, Medicare/Medicaid card and medications are located:

_____

(Please complete once you get to camp.)

This section must be completed if children are present at camp

**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:_____