

Camp Earth Connection Medical and Consent Form

Name: _____
Home Phone: _____ Cell Phone _____
Address: _____
Email: _____
Health Care Provider(s): _____
Insurance Company: _____
Policy Number: _____

Person to notify in case of Emergency:

Name: _____ Relationship _____
Phone: Home _____ Work _____ Cell _____

Medical Information (use other side if necessary)

DOB _____ Blood Type _____

Do you have any medical conditions such as asthma, heart condition, diabetes, seizures, depression, recent surgery, etc. which is important to know about in case of an emergency?

Please explain: **No** **Yes**

Do you take any prescription medications? **No** **Yes**

Please list the name of the medication and the reason for taking medication(s).

Do you have any allergies to foods, medicine or environment? **No** **Yes**

Do you carry an EpiPen or other medication to treat your allergy? **No** **Yes**

Do you have any medical conditions and/or restrictions (dietary, vision, hearing, etc.) which requires special arrangements, equipment, or assistance for you to participate in an active outdoor retreat schedule or in a retreat in general? **No** **Yes**

Please specify:

I hereby give my permission to the Director of this program to locate appropriate medical attention for me if the need arises.

Signature _____ Date _____

Return to: Camp Earth Connection c/o Susan Rausch, 63 Hammond Hill Rd., Freeville, NY 13068