

ADULT RETREAT REGISTRATION / MEDICAL FORM

name	M	F
address	/ /	
	birthdate	
city	state	zip
()		
home phone	email	
retreat session	retreat date	
church sponsoring, if any		
emergency contact person		
() ()		
emergency home phone #	emergency cell phone #	
health insurance company		
insurance ID #	group #	
physician's name	phone #	

HEALTH HISTORY – CHECK (✓) THOSE THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> RECENT SURGERY | <input type="checkbox"/> CHRONIC ILLNESS |
| <input type="checkbox"/> FAINTING | <input type="checkbox"/> CONVULSIONS/SEIZURES |
| <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> MIGRAINES | <input type="checkbox"/> NOSEBLEEDS |
| <input type="checkbox"/> HEAD LICE | <input type="checkbox"/> BEDWETTING |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> NIGHTMARES |
| <input type="checkbox"/> MENTAL HEALTH / BEHAVIORAL | <input type="checkbox"/> SLEEPWALKING |
| <input type="checkbox"/> KIDNEY TROUBLE | <input type="checkbox"/> OTHER (LIST) |

ALLERGIC TO: FOOD MEDICINE THE ENVIRONMENT

EXPLAIN: _____

IMMUNIZATION RECORD – CHECK (✓) IF IMMUNIZED AGAINST.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> CHICKENPOX | <input type="checkbox"/> HEPATITIS B |
| <input type="checkbox"/> POLIO | <input type="checkbox"/> MMR |
| <input type="checkbox"/> DIPHThERIA, PERTUSSIS, TETANUS | |

Date of Last Tetanus Booster _____

LIST ANY ACTIVITY RESTRICTIONS, DIETARY RESTRICTIONS, HEALTH PROBLEMS AND/OR MEDICATION (RX OR OTC) RELATING TO YOURSELF. PLEASE GIVE A DESCRIPTION OF ANY CURRENT PHYSICAL, MENTAL, OR PSYCHOLOGICAL CONDITIONS REQUIRING MEDICATION, TREATMENT, OR SPECIAL RESTRICTIONS OR CONSIDERATIONS WHILE AT CAMP. USE THE REVERSE SIDE OR AN ADDITIONAL SHEET.

IMPORTANT

IF THE HEALTH HISTORY IDENTIFIES HEALTH PROBLEMS OR ACTIVITY LIMITATIONS, A PHYSICAL EXAMINATION MUST BE PERFORMED BY A LICENSED PHYSICIAN WITHIN ONE YEAR BEFORE ADMISSION TO CAMP, INCLUDING INSTRUCTIONS RELATIVE TO THE LIMITATION OF THE INDIVIDUAL'S PARTICIPATION IN CAMP ACTIVITIES OR MEDICATION REQUIREMENTS.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO PROTECT AND SAFEGUARD ALL GUESTS. I AGREE NOT TO HOLD BIG SANDY CAMP LIABLE FOR ANY ILLNESS OR MISHAP FROM ANY CAUSE WHATSOEVER.

I UNDERSTAND THAT ANY GUEST DISREGARDING CAMP RULES IS SUBJECT TO BEING SENT HOME WITH NO REFUND OF CAMP FEES. I UNDERSTAND THAT ANY GUEST WHO WILLFULLY DESTROYS PROPERTY WILL BE HELD RESPONSIBLE AND BE CHARGED ACCORDINGLY.

BIG SANDY CAMP MAY USE PHOTOS, VIDEO, OR COMMENTS, OF THE GUEST NAMED ABOVE IN ITS PROMOTIONAL MATERIALS.

IN CASE OF EMERGENCY, IF I CANNOT BE CONTACTED, OR THE EMERGENCY NUMBER CANNOT BE CONTACTED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MYSELF, AS NAMED ABOVE.

ALL ABOVE INFORMATION IS CORRECT AS LISTED.

SIGNATURE

DATE