

**Camp Mechuwana**  
**Adult Camper/Volunteer/Staff Health Information**

Camp(s) Attending: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone/Cell # \_\_\_\_\_

Relationship: \_\_\_\_\_

**Insurance Information**

Policy Holder: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Check One: HMO \_\_\_ PPO \_\_\_ Individual Policy \_\_\_ Other \_\_\_

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

**Medical Conditions and Medications** (please use back of form if necessary, and please print clearly)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Are you currently taking any medication which may impair your ability to perform functions of your position?  
(If so, this must be discussed with camp healthcare provider.) Yes\_\_\_\_ No\_\_\_\_

**Food, Bee Sting, & Medication Allergies**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Special Dietary Needs**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**I give permission for medical treatment in case of an emergency.**

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

If you have questions about anything on this form, please contact the camp office at (207) 377-2924.