

PROJECT FIND YOUR FIRE

EMPOWER + INSPIRE

Retreat Health History Form

Name: _____
First MI Last Male Female

Home Address: _____
Street City State Zipcode

Email: _____ Phone: _____

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: _____

Insurance Provider: _____

Policy Number: _____

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.

Authorization for Health Care:

This health history is correct and accurately reflects my health status. I give permission to photocopy this form. I give my permission to the physician to treat me in case of emergency.

Signature _____ Date: _____

Opt-in for Photo / Video / Audio Release:

I hereby give Crossways Camping Ministries and Project Find Your Fire 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: _____