



HEALTH and EMERGENCY INFORMATION for Adult Campers

(HEALTH FORM 4)

Complete and return this by June 1 to:

Horton Center
140 Sheep Davis Rd
Pembroke, NH 03275

After June 1 send to:

Horton Center
PO Box J
Gorham, NH 03581

Questions?
Call 603-545-9660

Your Name: First Name Middle Initial Last Name

Date of Birth: Month Day Year

Home Address: Street Address

Phone: ()

City: State: Zip:

1. Date of your most recent tetanus immunization (Month & Year):

2. About your nutrition status:

- I have no food allergies.
I am allergic to the foods listed here.
I am a vegetarian of this type...

3. Do you have a health condition such as a chronic illness or a special circumstance that we should know about because it impacts your ability to participate in this camp program?

- No, I am prepared to fully participate.
Yes, as explained:

4. Should the unforeseen occur, who would you like us to notify in an emergency?

Name of Individual: Relationship to you:

Address:

Preferred Phone: Alternate Phone:

5. Things you should know about health services while you are at camp:

- In case of an emergency, we will call the local ambulance service.
During your stay, [insert name of camp's designated healthcare provider] is available to help with your emergent health needs.
Our camp does/does not have an AED at camp.
Adult participants manage their own medications; please bring what you anticipate needing.
There is a [clinic, hospital, and pharmacy] available to you in town.

Statement of Agreement

I have read the information both on this page and in what was sent to me as an adult participant for this camp program. I understand my health information will be shared with camp staff on a "need to know" basis and that, as an adult, I retain primary responsibility for managing my health status while at camp.

Your Signature: Date: