

Horton Center Camper Health History for ADULTS (FORM 4)

*This is the only health form adult campers need

You can mail this health form in, or fill one out at camp.
If mailing, please send in two weeks prior to the beginning
of your event. Mail to: Horton Center Health Form
PO Box J, Gorham, NH 03581



Dates attending camp: from _____ to _____
Camper Name: _____ Male Female Date of Birth _____
Camper Home Address: _____
Street Address City State Zip Code

Person to contact in case of emergency:

Name: _____ Phone 1 (_____) _____
Relationship to Camper: _____ Phone 2 (_____) _____
Email: _____
Address: _____ (if different from above)

Allergies: Please list any known allergies, including, but not limited to food, medicines, and environmental agents:
(please describe below what you are allergic to and the reaction seen.)

Diet, Nutrition: (please circle) I eat a regular diet. I eat a regular vegetarian diet. I have special food needs
(Please describe below, continue on back if necessary)

I have reviewed the program and activities of the camp and feel I can participate without restrictions _____ (Initial)

I have reviewed the program and activities of the camp and feel I can participate with the following restrictions or adaptations _____ (Initial) **(Please describe, continue on back if necessary.)**

Medical Insurance Information: I am covered by medical/hospital insurance Yes No **Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.**

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Co. Phone No. (_____) _____

Authorization for Health Care:

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me, as may be necessary, including, but not limited to X-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: 1) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities. In the event I cannot communicate in an emergency, hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Adult Camper _____ Date _____
If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

- Check this box and use the other side of this sheet to record any additional information that camp staff should know, or should share with a doctor in the event you are unable to communicate