



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

Date of Birth: _____
Month Day Year

Your Name: _____
First Name Middle Initial Last Name

Home Address: _____
Street Address

City: _____ State: _____ Zip: _____ Phone: (____) _____

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

2. About your allergies and dietary restrictions:

☐ I have no food allergies.

☐ I am allergic to the foods listed here. (Check the box if eating this food item triggers anaphylaxis for you.)

a. _____ ☐ Causes Anaphylaxis b. _____ ☐ Causes Anaphylaxis

☐ I am a vegetarian of this type (By indicating that you are vegetarian, we will provide entrees that compliment your indicated vegetarian preference. We rely on you to eat as you've indicated so we do not waste food.)

☐ Semi-vegetarian (no pork or beef)

☐ Pesco vegetarian (no pork, beef or chicken)

☐ Lacto-ovo vegetarian (no beef, pork, chicken, fish or seafood)

☐ Vegan (no beef, pork, chicken, fish, seafood, eggs or dairy)

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. It takes at least 30 min. for an ambulance to get to camp.
- During your stay, our Camp Nurse is available to help with your emergent health needs.
- Our camp **does** have an AED. Our camp **does not** have portable oxygen at camp.
- Adult participants must keep their medications stored securely. Please plan to keep your meds in a lock box, in your car, or with the Camp Nurse in the Health Center.
- There is a **hospital** available in Berlin. The Androscoggin Valley Hospital is 17 miles from camp.

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. I agree to inform the camp of any changes that might impact my participation.

Your Signature: _____ Date: _____