

Health History Form Confirmation Camp 2012

Name of Confirmand or Adult

All members of groups using/renting the facilities at Pilgrim Pines Camp **MUST** complete this form, **per California health regulations**. All minors (under age 18) **MUST** have this form completed and signed by the custodial parent or guardian.

Check Box. I, (please print), _____, am 18 years of age or older and I am declining to provide this information.

Signature

Date

CAMPER INFORMATION *IF providing information (not declining) please fill in information below.*

First & Last Name		Age	Blood Type
Address		City, ST, Zip	
Home Phone	Cell Phone	E-Mail Address	

1. Are you a smoker? () No () Yes

2. Are you currently taking any medications? () No () Yes - *If yes, please list all medications (including over the counter products) below and on the medication form.* **ALL MEDICATIONS MUST BE GIVEN TO THE NURSE AT REGISTRATION.**

3. Do you have any health conditions (allergies, drug allergies, food allergies, chronic conditions) or special circumstances (religious convictions or legal arrangements) which may affect program participation or that we ought to know prior to injury or emergency treatment? () No () Yes - *if yes please explain below.*

4. When was your last tetanus immunization? ____/____/____.

5. **Consent and Emergency Treatment Authorization:** In the event that I cannot be reached in the event of an injury or emergency or I, myself, am injured or in need of emergency medical care, I do hereby give my consent for the above named camper to receive such treatment as deemed necessary by confirmation camp medical staff or an attending physician.

Signature/Date _____

6. **EMERGENCY NOTIFICATION** - Please list two people to be notified in case of an accident or medical emergency.

First & Last Name			
Address		City, ST, Zip	
Home Phone	Cell Phone	Work Phone	Relationship
First & Last Name			
Address		City, ST, Zip	
Home Phone	Cell Phone	Work Phone	Relationship

7. Health Insurance Carrier & Policy # _____