

## 2026 HEALTH FORM FOR NORTHEAST HOMEMAKERS CAMP

This form **MUST** be completed by **EVERYONE** who attends day & overnight camp and returned with registration.

Please complete **ALL** questions below.

First & Last Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthday (month/day/year): \_\_\_\_\_ Email address: \_\_\_\_\_

### Physical Record of Person Attending Camp

.....

1. Do you have a heart condition? Yes \_\_\_\_\_ No \_\_\_\_\_      2. Are you diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_  
3. Do you use assistance for mobility? (Cane, walker, wheelchair) Yes \_\_\_\_\_ No \_\_\_\_\_ Type? \_\_\_\_\_  
4. Are you allergic to any medications, food, dust, pollen, insects, animals? *If yes, please list below.* Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If yes, list (or attach complete list) of the dosage & frequency of the medication.)*

6. List date of last tetanus injection Date received: \_\_\_\_\_  
7. Do you have any special dietary needs? If yes, please list below. Yes \_\_\_\_\_ No \_\_\_\_\_  
*\*Note there is a refrigerator available, so you have the option to bring your own food.*

8. What other medical information does our staff need to know in case of an emergency? *Please list all below.*

9. Are there any activities that you need to avoid? *If yes, please list below.* Yes \_\_\_\_\_ No \_\_\_\_\_

10. In the event of an emergency, I understand that basic First Aid will be administered. I further understand that in the case of a serious emergency/illness, I hereby give permission to be transported to a hospital, the physician to hospitalize, secure proper treatment, and/or provide necessary medical care.

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

11. In case of any emergency, who should we contact? Please list their contact information below.

First & Last Name of Contact Person #1: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

First & Last Name of Contact Person #2: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**\*THIS INFORMATION IS CONFIDENTIAL & WILL ONLY BE USED IN THE EVENT OF A MEDICAL EMERGENCY!**

*A limited accident insurance policy has been secured for all participants at camp. The premium is covered by your registration.*