

**Health History Form for
Adults
Attending Sandy Creek Bible Camp**

Dates of Attendance: _____
Central Texas Tres Dias

The information on this form is gathered to assist us in identifying appropriate care.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street address City State Zip

In an emergency, notify:

Name _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

Is the participant covered by medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Social security number of policy holder or insurance ID number _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. I further, hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, anesthesia, surgery, or any other medical decision.

Signature _____

Name _____ Date _____

Health History

Medication allergies, Food allergies
Other allergies (list)

Describe reaction and management of the reaction.

_____	_____
_____	_____
_____	_____

MEDICATIONS BEING TAKEN

Keep all medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Please complete back side as well.

This person takes NO medication on a routine basis.

This person takes medications as follows:

Med #1 _____
Reason for taking _____

Med #2 _____
Reason for taking _____

Med #3 _____
Reason for taking _____

Attach additional pages for more medications.

RESTRICTIONS

The following restrictions apply to this individual.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Do you have any medical or other conditions that medical staff should know?

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Medical Information:

Sandy Creek Bible Camp has a Camper Insurance program which uses the campers existing Medical Insurance Policy as the primary coverage provider and uses the Camp insurance as the secondary provider. The Staff at Sandy Creek Bible Camp will attempt to contact the emergency contact as listed at the top of this waiver as soon as possible and will keep them up-to-date concerning the condition and treatment of the Attendee.