

Joy of Seasons 2023

Health Questionnaire

The following confidential information is for your protection while at the Joy of Seasons event. It will be kept on file with the camp nurse. Our nurse may provide first aid only; thus the necessity of complete and clear information so that we may better assist you if needed.

Participant's Name:

Emergency Contact Information:

Name:

Address:

City:

State:

Zip:

Primary
Phone:

Secondary
Phone:

Relationship to you:

Medical Doctor or Other Practitioner:

Name:

Address:

City:

State:

Zip:

Primary
Phone:

Secondary
Phone:

Do you have any condition that limits your mobility or physical activity?

YES ☐

NO ☐

If you require daily mobility assistance, you must be accompanied by a companion who will attend camp with you. Please identify your companion in the space below:

continued on back



Health Form Continued

Are you under a doctor's care for any medical condition?

YES ☐

NO ☐

Use the space below to provide details of health conditions or to provide other information regarding your health that you feel is important. Include extra pages if needed.

Will you be taking prescription drugs while at the Joy of Seasons event?

YES ☐

NO ☐

Please provide details in the space below: (include additional pages if needed)

*If you feel ill for any reason, **do not** attend camp.*

I accept full responsibility for my own well being and my degree of participation in the Joy of Seasons program. My intention is to participate for the greatest good of my body, mind, and spirit without risk to myself or others.

I have shared all necessary information.

Signature

Date