

HEALTH and EMERGENCY INFORMATION for Adult Campers

Complete and return this to our camp office or by registering through our website. www.glcgb.org

Georgia Lions Camp, Inc.
5626 Laura Walker Rd.
Waycross, Ga.
31503

Email: director@glcgb.org
Email: secretary@glcgb.org
Phone: 912-283-4320

Your Name: _____
First Name Middle Initial Last Name

Date of Birth: _____

Home Address: _____
Street Address

Month Day Year

Phone: _____

City: _____ State: _____ Zip: _____

(____) _____

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

2. About your nutrition status:

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:

a. In case of an emergency, we will call the local ambulance service. It takes at least [19 minutes] for an ambulance to get to camp.

b. During your stay, [a Registered Nurse] is available to help with your emergent health needs.

c. Our camp **does** have an AED at camp. Our camp **does not** have portable oxygen at camp.

d. Our camp does not supply mobility devices (wheel chairs, walkers, etc.) you must provide your own

e. Adult camp participants medications;(prescribed and over the counter) must be turned in to camp office. Please bring what you anticipate needing in there labeled containers. Medicines not in there labeled containers will not be given to camper.

f. There is a [clinic, hospital, and pharmacy] available to you in town. These are [10-15] miles from camp.

g. Adult camper must complete Health History forms 1 and 2. Form 2 must be signed by a licensed Medical Physician.

h. Adult campers may keep emergency breathing treatment inhalers or emergency allergy medicine (epi pins) with them during activities.

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: _____