Medical Information - *please print clearly or type*

Name- First:___________________ Last:__________________ Middle:_______________

Date of Birth:________________________________ Age:_______ Male/Female: ______

Address:____ Apt. #: ______________

City:___________________________________ State:_______ Zip Code:______________

Emergency Contact: (1) Name:___________________ Relationship: _______________

Phone - Work:________________ Home: _________________ Cell:__________________

Emergency Contact: (2) Name:______________________ Relationship: _____________

Phone - Work:________________ Home: ____________________Cell: _______________

Medical History- *if you answered yes to any, please describe occurrences & list medications.*

Epilepsy:______ Asthma:____ Diabetes:____ Heart disease: ____ Current Medications:

____

Bee sting allergy:_____ Anaphylactic shock:____ Other allergies:___________________

Describe what happens when contact is made with allergen: *(rash, hives, anaphylaxis, etc)*

____

When is the last time camper had an allergic reaction:____________________________

Known allergy to any medications:____

** if you have asthma, please plan on bringing three FULL inhalers and indicate: ______

Date of last tetanus booster: ___________________Vegetarian: _____ Any other dietary needs, physical or psychological problems, which might affect the safety of yourself or other members of the group, or other information necessary for my care & treatment:

____

____

____

Insurance policy for health, hospitalization or medical care, name of insurer:

_________________________Policy #____________Certificate/Group #_____________

I verify *that the above information is accurate and complete. In the event of my, or my child or ward's, injury or illness, I give the Turtle Island Preserve staff and the medical staff at the facility to which I or they may be transported permission to render the medical treatment that the providers in their discretion elect to administer.*

Signature of participant:_______________________________________ Date:_________

If under 18 years of age signature of parent/ legal guardian required:________________

Printed name(s) of both:________________________ /___________________________