



Health Form

Your Name	
Street Address (line 1)	
Street Address (line 2)	
City	
State	
Zip	
Emergency contact person	
Address if different from above	
Relationship to you	
Best contact number	
Your Date of Birth	
Health Insurance Company	
Phone	
Primary Holder	
Group Number	
Identification number	
Current Physician 1	
Practice Name	
Phone	
Current Physician 2	
Practice Name	
Phone	

List all medications, dosage and the conditions for which they are prescribed:

List any orthopaedic, neurologic or internal medicine condition/concern which may negatively impact your ability to serve on the weekend:

List all known inhalant and/or food allergies:

List any allergy to latex gloves or other substance which may contact your skin:

List all known allergies to stinging insects (bee, wasp) or arachnids (spider, scorpion):

Indicate which of the following non-prescription medications you have taken in the past without any adverse reactions, and are willing to accept responsibility for taking, if necessary, on the retreat.

Aspirin Acetamioiphen Ibuprophen Diphenhydramine (allergy) Loperamide Hydrochloride (diarrhea)

Do you authorize the Staff Medic to share this information with Retreat Leaders or other parties as needed? Yes

Permission granted | DATE: