

Summer Games University

Adult Health Form

Each huddle leader, volunteer and other adult camp participant must complete this form in order to participate at Summer Games University. Those choosing not to complete this form will not be able to participate in Summer Games University.

YOUR INFORMATION:

| | | |
|--|-------------------------------------|----------------------------------|
| Participant First & Last Name: | Date of Birth: | Gender: circle Male Female |
| Street Address: | City/State: | Zip: |
| Home Phone: | Cell Phone: | |
| Is participant covered by health insurance: (circle) Yes No | | |
| Insurance Company Name: | Insurance Policy Number: | |
| Policy Holder Name: | Policy Holder Date of Birth: | |
| Policy Holder Relationship to Participant: | Insurance Company Address: | |
| Policy Holder Social Security Number: | Participant Social Security Number: | |
| Allergies: | | |

Please indicate if you have had any of the following conditions and how it is best handled:

- | | |
|----------------------|---|
| Y N Asthma | Y N Back pain |
| Y N Seizures | Y N heart condition |
| Y N Fainting | Y N Chronic Illness |
| Y N Sleep walking | Y N Diabetic |
| Y N Hearing impaired | Y N Psychological disorder (anxiety, depression, etc) |
| Y N Vision impaired | Y N Other |

Please explain marked conditions:



Please list current medications including dose and frequency:

Please list any physical, mental, or emotional conditions that could restrict activity while at camp & indicate the best way to handle these conditions.

EMERGENCY CONTACT INFORMATION

| | |
|-------------------------|------------------------------|
| Emergency Contact Name: | Relationship to Participant: |
| Home Phone: | Cell Phone: |

The undersigned represents that he/she is the above identified participant and is attending the camping session from Monday, July 8 to Friday, July 12, 2019 at Grinnell College in Grinnell, Iowa. This permission is given with full knowledge of the conditions and activities contemplated during each session. The participant has no physical or mental disabilities that would impair their participation except as noted above. I will not hold the camp or camp personnel liable for injuries suffered as a result of my own voluntary actions.

I give permission and consent to participate in all activities and to allow photographs, videotapes and interviews to be taken during the camping session and to be published and used to illustrate report, promote and advertise the camp. Use of any such photographs, videotapes, or interviews may include, but are not limited to, use in web sites, catalogues, brochures, flyers and general promotional materials.

I understand that Summer Games University is not responsible for lost, stolen or damaged personal items and that it is my responsible for the safe-keeping and protection of personal items at all times.

I understand that camp insurance is an accident policy, not a medical illness policy, and is a supplemental policy only. It will pay whatever my own insurance does not cover (deductible or over) up to the limit of the policy. If medical(sickness, injury) care is needed, billings will be sent to you who will be responsible for direct payments to physician, hospital, clinic, etc.

The participant is currently taking only medications listed above. The participant has no allergies except those noted on this form. The health history is correct as far as I know. In the event of illness or injury, I authorize the physician and/or hospital to undertake such treatment of and perform such services (including surgical) for the participant as are reasonably indicated by the circumstances.

Signature: _____

Date: _____

