



NorthBay

NORTHBAY ADULT HEALTH INFORMATION FORM

Note to Guest: NorthBay wants the camp experience to be a safe and healthy one. However in the event of an accident or illness, it is important that we have the following information.

GROUP NAME: KOSTA/USA YOUTH CONFERENCE

Guest Information

| | | |
|--------------------|------------------|-------------|
| Last Name: | First Name: | Middle: |
| Birth Date: | Sex: Male/Female | Cell Phone: |
| Home Address: | | Home Phone: |
| Emergency Contact: | Relationship: | Cell Phone: |
| Home Address: | | Home Phone: |

Accident coverage

| | |
|---|----------------|
| My Insurance Company: | Policy Number: |
| Insurance Company Address: | Group Number : |
| <input type="checkbox"/> Not Currently Insured —NorthBay reserves the right to subrogation if it is later determined that personal medical insurance was in place. | |

HEALTH HISTORY

| | | |
|--|---------|---------|
| | Height: | Weight: |
|--|---------|---------|

If you are under the care of a physician for health concerns, please list treatment(s):

Family physician (name and number):

Check the items you have or have had in the past. Provide approximate dates and/or additional information as needed to care for you.

| Conditions/Diseases | Conditions/Diseases | Allergies |
|---|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Operations/serious injuries | <input type="checkbox"/> Poison Ivy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychological | <input type="checkbox"/> Dietary Restrictions: |
| <input type="checkbox"/> Glasses/Contacts | <input type="checkbox"/> Seizures | <input type="checkbox"/> Foods: |
| <input type="checkbox"/> Vegetarian | | <input type="checkbox"/> Medication Allergies: |

Other (please list allergies and dietary restrictions):

Operations/serious injuries:

Date of last Tetanus immunization/booster:

Please provide any additional information on any medical, psychological, or behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure your camp experience is positive.