

Lake Louise Summer Camp

HEALTH and EMERGENCY INFORMATION for Adult Campers & Volunteers

Complete and return to:

Lake Louise Summer Camp
11037 Thumb Lake Road
Boyne Falls, MI 49713

Questions?
Call 231-549-2728

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 15 minutes for an ambulance to get to camp.

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

c. Adult participants manage their own medications; please bring what you anticipate needing. All medication needs to be secured in the Lake Louise Health Center. Please turn in all medication upon your arrival to the Camp Health Officer.

d. There is a **hospital** available to you in Petoskey, MI. This is 30 minutes from camp.

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: _____