

## **FLBC Medical Information Form (adult self-completed)**

Please complete this camper medical form for yourself and attest to it being accurately filled out by signing at the end. If you choose, please also sign the "Permission to Treat" at the end of the form.

Name:				
Camp Session attending	g at Flathead Luth	eran Bible Camp:		_
<b>Emergency Contact Nar</b>	me:	Best P	hone #:	
Clinic/Office Name:				
Doctor's Name				
Doctor's Phone number				
Insurance Note: Flathe accident insurance. In a coverage.		•	•	camper's own health and I be the primary
Do you have Health Ins	urance: Yes		No	
Insurance Provider (typ	e N/A if not applic	cable)		
Insurance Policy Number	er (Type N/A if no	t applicable)		
Insurance Group/ID (typ		icable)		
Name of Insurance Poli	cy Holder:			
Policy Holder Birth Date	e:			
Diet and Nutrition:				
Regular	Vegetarian	Vegan	Lact	ose Intolerante
Other (please descri	be)			
I am free from illness, ir	njury, or surgery w	hich would affect p	articipation:	
Yes	No			
If No, please describe:				

Immunization	is:	
Are you up to	date with all immunizations red	quired according to your home state?yesNo
Please state th	ne date (Month/Year) of your m	nost recent tetanus shot?
•	empted for personal, medical, c cument from your home state.	or religious reasons, you must include the completed legal
•		would need to be aware of in an emergency? cimes take per day:
Allergies:	No Known Allergies	Drug
	Food	Environmental
Please list all a	allergies and reactions below:	(if none, please state N/A)
your health th	·	may affect the individual's ability to fully participate in the
		·
ACKNOWLED	GEMENT OF CAMPER:	
I have reviewe	ed the information in this medic	cal form and attest to it being accurately filled out.
Signature		Date of Signature
PERMISSION	FOR HEALTH CARE PROVIDERS	TO TREAT (optional)
By my signatu	re below, I agree that I give Car	mp personnel permission to transport and accompany me
	·	ve and my Emergency Contact cannot be reached, and I
_		s permission to treat me when admitted in the care of responsive and my Emergency Contact cannot be reached.
 Signature		 Date of Signature