



## 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 at Flathead Lutheran Bible Camp: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

Clinic/Office Name: \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone number \_\_\_\_\_

Insurance Note: Flathead Lutheran Bible Camp's insurance is secondary to the camper's own health and accident insurance. In case of an accident or injury, the camper's insurance will be the primary coverage.

Do you have Health Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Provider (type N/A if not applicable)

\_\_\_\_\_

Insurance Policy Number (Type N/A if not applicable)

\_\_\_\_\_

Insurance Group/ID (type N/A if not applicable)

\_\_\_\_\_

Name of Insurance Policy Holder: \_\_\_\_\_

Policy Holder Birth Date: \_\_\_\_\_

Diet and Nutrition:

Regular       Vegetarian       Vegan       Lactose Intolerante

Other (please describe) \_\_\_\_\_

\_\_\_\_\_

I am free from illness, injury, or surgery which would affect participation:

Yes       No

If No, please describe: \_\_\_\_\_

\_\_\_\_\_

