

# Adult Medical Form

Do you have (or have had) any of the following major health conditions or take any of these medications?

- Diabetes
- Abnormal Heart Beat
- Heart Attack
- Severe Allergies (please give details below)
- Have Nitroglycerin Tablets (for your own use)
- Take Blood Thinner
- Take Insulin
- Take Daily Aspirin
- Other Medications (you would like us to know about)

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- None of the Above

Please give us more details about any of the above, or about any other health conditions you wish us to know about.

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In case of an emergency, please list you emergency contact below. If you would like us to also contact your primary care physician, please include their name and phone number.

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I give Kirkmont Center permission to: 1) Provide medications brought to camp by me or prescribed by a physician while at camp, 2) Provide over the counter medications following the dosage and directions on the medical container, 3) to search my belongings when the health, well-being or safety of myself or others requires it.

I agree to hold Kirkmont Center, the employees and volunteers for all claims alleging bodily injury or property damage occurring while the participant is at a sponsored activity on or off the Kirkmont premises. I understand the information on the form will be shared on a 'need to know' basis with camp staff. I give permission to print and copy this form.

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Signature

Date