HEALTH and EMERGENCY INFORMATION for Adult Campers

Complete and return this to our camp office at least two weeks prior to your arrival.

Camp Gilmont
6075 State Hwy. 155 N.
Gilmer, TX 75644

Questions?
Call 903-797-6400

Name of Event_____ Dates_____

Your Name: _____
First Name Middle Initial Last Name

Date of Birth:
_____
Month Day Year

Home Address: _____
Street Address

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

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 an unforeseen emergency occur, who would you like us to notify?

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. During your stay, Dr. David Buller, 602 N. Titus St., Gilmer, TX 75644, 903-843-5585 and/or ETMC Gilmer, 712 N. Wood St. (Hwy 271), Gilmer, TX, 903-841-7100 is available to help with your emergent health needs.
   c. Our camp does have an AED at camp. Our camp does not have portable oxygen at camp.
   d. Adult participants manage their own medications; please bring what you anticipate needing, and ensure your medications are inaccessible to minors at all times.
   e. There is a Wal-Mart pharmacy, 1110 Hwy. 271 N. Gilmer, TX, 903-797-6183 available to you in town. It is approximately 7 miles from camp.

6. Do you have any medication allergies? If so, please list and describe your reaction: _____

_____

7. Do you have any environmental allergies, ie. plants, insects, etc? Please list and describe your reaction:_____

_____

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: _____