



This form is intended for use by adult participants and minor-aged participants who attend with their parent or guardian. Please return to Pilgrim Lodge by mail (103 Pilgrim Lodge Lane, West Gardiner, ME 04345) or fax (207-724-3732). For questions, call 207-724-3200.

Your Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
First Name Middle Initial Last Name Month Day Year

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Sex assigned at birth: Male  Female  Gender Identity: \_\_\_\_\_  
Leave blank if prefer not to disclose

**Please list any allergies** (include food, medicine, environment such as insect stings, hay fever, etc):  
 (Check the circle if this allergen triggers anaphylaxis for you.)

No known allergies

a. \_\_\_\_\_  Causes anaphylaxis

b. \_\_\_\_\_  Causes anaphylaxis

c. \_\_\_\_\_  Causes anaphylaxis

**About your nutrition status:**  I eat a regular diet  I eat a vegetarian diet

Please list any additional dietary restrictions:

**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 able to fully participate.

Yes, as explained: \_\_\_\_\_

**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: \_\_\_\_\_

**Things you should know about health services** while you are at camp: In case of an emergency, we will call the local ambulance service. It takes at least **20 minutes** for an ambulance to get to camp. During your stay, **MaineGeneral Health and our staff trained in first aid** are available to help with your emergent health needs. Our camp **does** have an AED on site. Our camp **does not** have portable oxygen available. Adult participants manage and administer their own medications. Please bring what you anticipate needing. There is a **hospital, clinic, and pharmacy** available to you in the city of Augusta, approximately 10 miles 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 and administering my own medications while at camp. I agree to inform the camp of any changes that might impact my participation.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian if completing for a minor-aged participant