

HEALTH and EMERGENCY INFORMATION for Adults and Families



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