

McDowell Environmental Center

ADULT HEALTH FORM

All information is confidential-**PLEASE PRINT NEATLY!**

Name: (Last)	(First)	(Middle)	Date of Birth:	Sex: Female Male (Please circle one)
Height/Weight:	Email Address:		Preferred name (if different from above):	
Address:		City:	State:	Zip Code:
Cell Phone:		Work Phone:		Other Phone:
Emergency Contact: (Last) (First)			Relationship to you/Phone Number:	
Primary Physician:			Physician Phone:	

Do you have any known allergies? N / Y To What: _____

Are you on a special diet? N / Y Please explain: _____

Health problems: _____

PHOTO RELEASE AND PERMISSION TO CONTACT

I give permission for any photos or videos taken of me during the educational program at the Center to be used for the public relations of the program. I give permission for Camp McDowell to contact me regarding future programs and promotions.

MEDICAL AUTHORIZATION AND RELEASE

Should I sustain or incur any accident or illness while attending McDowell Environmental Center, I hereby authorize the Director, her agent or a school official to execute any and all documents in my behalf, including necessary releases, which might be required by a medical facility to perform emergency care.

This is to certify that I am in good physical condition and that the information provided is accurate to the best of my knowledge.

I authorize McDowell Environmental Center to allow medical agencies (including, but not limited to, hospitals, physician's offices, health clinics, dental clinics, pharmacies) to read the information contained in the accompanying Health Form. I agree that the information used will be limited to information necessary to fulfill the need or purpose for the disclosure.

All health information is considered confidential and will be shared only on a need to know basis to ensure your safety.

ACCIDENT INSURANCE DISCLAIMER

All attending adults are responsible for all incurred medical expenses while at McDowell Environmental Center (MEC). MEC accident insurance covers student participants ONLY. This is to certify that the information provided is accurate to the best of my knowledge.

Name (Please Print)

Name of **Child**, if attending (Please Print)

Signature

Date