



## Women in the Woods - Health History for Adults (over 18 years old)

### Camper Information:

Camper Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Camper Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
(MM/DD/YY)

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last Name) (First Name)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Health Conditions:

Please describe any current health conditions, such as a chronic illness or special circumstance, that we should know about.

None  Yes, as explained:

### Diet/Nutrition:

*Information to be provided to the camp Kitchen Staff*

No Restrictions  Vegan  Lactose Intolerant  
 Vegetarian  Gluten Free  Other (Specify):

### COVID-19 Vaccination Status:

Documentation of COVID-19 vaccination must be submitted with this form. Pending NYS DOH guidelines, any attendee without the COVID-19 vaccination may be subject to testing or may not be permitted to attend camp.

Fully vaccinated (2 Moderna/Pfizer or 1 J&J)  Vaccinated with 1+ booster  Not vaccinated

### Things to Know:

Things you should know about health services while you are at camp:

- During your stay, a camp nurse will be onsite and available to help with your health needs.
- Our camp has an AED and portable oxygen available.
- As an adult participant, you will manage your own medications; please bring what you anticipate needing.
- There are health care services available in the local area.

### Statement of Agreement:

I have read the information both on this form and in the Women in the Woods manual. 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.

\_\_\_\_\_  
Signature Date