



ALLEGHENY COLLEGE CONFERENCE & EVENT SERVICES HEALTH FORM

The information on this form is not part of the camp/conference acceptance process, but is gathered to assist us in identifying appropriate care. The health history must be filled out by parents/guardians of minors or by adults themselves. Updates required annually.

Name: _____ Birth date: ____/____/____ Gender: _____
Last First Middle

Home address: _____
Street address City State Zip

Spouse/Parent/Guardian: _____ Phone: (____) _____

Home address: _____
(if different from above) Street address City State Zip

Business address: _____ Phone: (____) _____
Street address City State Zip

Emergency Contact: _____ Relation: _____

Address: _____ Phone: (____) _____
Street address City State Zip

Business address: _____ Phone: (____) _____
Street address City State Zip

Insurance Information:

Health Insurance Company: _____ Policy Number: _____

Policy Holder's Name: _____ Birthdate: ____/____/____

Employer: _____ SS#: _____

Insurance Company Billing Address: _____

This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to secure treatment, provide routine health care and give permission to the physician selected by the camp to provide emergency treatment including hospitalization, ordering x-rays or medical tests, and administer prescribed medications for the person named above. In the event I cannot be reached in an emergency, I hereby agree to the release of any record necessary for insurance purposes. I give permission to Allegheny College to arrange necessary related transportation for me/my child.

Signature of parent/guardian or adult participant: _____

Printed Name: _____ Date: ____/____/____

Signature of parent/guardian or adult participant: _____

Printed Name: _____ Date: ____/____/____

Signature of Camper: _____ Date: ____/____/____
(if camper is under 18 years of age)

(over)

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Name of Participant: _____

Health History: (optional)

Explanations: _____

Allergies: to Foods, Plants, Insects, Medicines, etc. ☐ Yes ☐ No Is any allergy severe? ☐ Yes ☐ No

Explanations: _____

Dietary Restrictions

- | | | |
|--|--|---|
| <input type="checkbox"/> Does not eat red meat | <input type="checkbox"/> Does not eat eggs | <input type="checkbox"/> Does not eat pork |
| <input type="checkbox"/> Does not eat poultry | <input type="checkbox"/> Does not eat dairy products | <input type="checkbox"/> Does not eat seafood |
| <input type="checkbox"/> Does not eat nuts/peanut products | <input type="checkbox"/> Does not eat wheat products | |

☐ Other (describe) _____

Use this space to provide any additional information about the participant of which Allegheny College should be aware.
