

Your answers are required to assist us in identifying appropriate care in the event of an emergency. Camp Neringa provides First Aid on site and has an agreement with Brattleboro Primary Care for medical treatments in the event of injury or illness.

ADULT HEALTH INFORMATION for CAMP NERINGA

Contact Information

Name: _____
First Middle Last

Birth Date: _____ / _____ / _____ Weight: _____ Sex: M / F
Month Day Year

Home address: _____
Street address City State Zip

Home phone: _____ Social Security Number: _____

In an emergency, please notify: Name: _____ Phone: _____

Physician: _____ Physician's phone: _____

Insurance Information

***please attach copy of insurance cards*

Health insurance carrier/plan name: _____ Coverage Date: _____

Carrier Address: _____ Carrier Phone: _____

Contract Holder/Subscriber ID#: _____ Social Security #: _____ Date of Birth _____

Group #: _____ Plan: _____

Employee's relationship to contract holder/subscriber: _____

Allergies: List all known and describe reaction and management of the reaction.

Medications: Please list all prescription medication taken routinely.

General: Please specify any additional health conditions or information that would be useful to assist you during an emergency.

Signature: _____ Date: _____