

ADULT Medical Form

Winter Connection

Dakotas Conference Council of Youth Ministry



DakYouth
Dakotas Conference



THE UNITED METHODIST CHURCH

This form is REQUIRED for all attendees OVER age 18. Please turn this form in to your church youth leader or chaperone.

Winter Connection is hosted by Dakotas United Methodist Conference Council of Youth Ministry. **This form is MANDATORY and must be completed for all participants OVER age 18.** The form can be filled out online, or it can be turned in during check-in. (You do not need to fill out this form if you completed it online.)

Name: _____ **Date of Birth:** _____ **Gender:** _____
First Name Middle Initial Last Name

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Cell phone: _____ **E-mail:** _____

1. Date of your most recent **tetanus immunization** (Month & Year): _____

2. **Nutrition** status/**dietary** needs:

- I have no food allergies.
- I am allergic to the foods listed here: _____
- Describe symptoms and treatment if you are exposed to these foods:

- I have the following **dietary restrictions/modifications**:

3. Please list **current medications** (prescribed and over-the-counter):

4. 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 program?

- No, I am prepared to fully participate.
- Yes, as explained: _____

5. **Emergency Contact Information:** In the event of an emergency, whom should we contact?

Name of Individual: _____ Relationship to you: _____

Preferred Phone: (____) _____ Alternate Phone: (____) _____

6. Things you should know about health services while you are at Winter Connection:

- a. In case of an emergency, we will contact local ambulance or emergency services. It may take a while for an ambulance or emergency services to reach each location. Please contact your event leader for specific information.
- b. Adult youth directors/chaperones/local church adult leaders are in charge of managing all medications for themselves and their participants. Please encourage participants to bring only what they anticipate needing during the event. Any/all personal medications must be stored securely while attending the event, either discreetly in a locked vehicle or in a designated space within lodging. In the event of emergency, we advise each participant to come with a full list of current medications.
- c. There may be clinics, hospitals, and pharmacies available to you within close proximity of the event location. Please contact the event leader for specific information.

Statement of Agreement

I understand my health information will be shared with event staff on a "need to know basis" and that, as an adult participant, I retain primary responsibility for managing my health while at this event. I agree to inform the event leaders of any changes that might impact my participation.

Signature: _____ Date: _____

Adult Participant