



DUNKIRK CAMP & CONFERENCE CENTER

3602 EAST LAKE ROAD ~ DUNKIRK, NY 14048 ~ PHONE (716) 366-1900

Adult Medical Form

Name: _____ Birthdate: _____ Age at Camp: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person: _____ Relationship: _____

Telephone: _____

Medical Insurance Information

Is this participant covered by family medical/hospital insurance? Yes No

Name of Insurance Company: _____ Phone Number: _____

Address: _____

Name of Insured: _____ Relationship to Insured: _____

Allergies

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

Chronic concerns such as asthma, headaches, diabetes, seizure, HTN, etc.: _____

Medications

Name of Medication: _____ Dosage: _____

Reason for taking this medication: _____

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Signature: _____ Date: _____