

# Lutheridge Adult Medical Form

**Adult Name:** \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## General Information/ Allergies & Dietary Restrictions

List allergies (non-food) \_\_\_\_\_

List health restrictions \_\_\_\_\_

### Dietary Restrictions

Does anyone in the family have any dietary restrictions or food allergies?      Yes      No

Please Explain: \_\_\_\_\_

*(The camp can accommodate most dietary restrictions. If you have questions, please call registration 828-209-6302.)*

*(Please list any medications taken while staying at camp. Medicine must be brought to camp in its original packaging)*

Name	Medication

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_