



– Summer Programs –  
**Health & Emergency Information  
for Adult Participants in Family Programs**

Your Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male Female

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Session Code: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

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

**Things you should know about health services while you're at the Language Villages:**

- Should you need the attention of a physician, you will be referred to an MD at the local clinic. You are financially responsible for out-of-Village care.
- Adults in the family programs manage their own medications; please bring what you anticipate needing but also remember that children will be in this setting. Consequently, keep all medications with you or securely stored.
- There is a clinic, hospital and pharmacy available to you in Bemidji. These are at least a 20-minute drive from the Village.

1. Date (month and year) of your most recent tetanus immunization: ..... (Month and Year) \_\_\_\_\_

2. About your nutrition status (check all that apply):

I have no food allergies

I am allergic to the foods listed here: a. \_\_\_\_\_

b. \_\_\_\_\_

Mild/Moderate Allergy

Anaphylaxis

Mild/Moderate Allergy

Anaphylaxis

I am a vegetarian of this type:

*By indicating that you are a vegetarian, we will provide entrees that compliment your indicated vegetarian preference. We rely on you to eat as you've indicated so we do not waste food.*

No Pork

Semi-vegetarian (no pork or beef)

Pesco (no pork, beef or chicken)

Lacto-Ovo (no beef, pork, chicken, fish or seafood)

Ovo (no meat, fish, seafood or dairy)

Vegan (no meat, fish, seafood, dairy or eggs)

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? ..... Yes No

*If yes, please explain:*

\_\_\_\_\_

5. Should the unforeseen occur, who would you like us to notify in an emergency?

Name of Individual: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

\_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Statement of Agreement**

I have read the information on this page. I understand my health information will be shared with Village staff on a "need to know" basis and that, as an adult, I retain primary responsibility for managing my health status while attending the program. I agree to inform the Language Villages of any changes that might impact my participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_