CONCORDIA LANGUAGE VILLAGES

– Year Round Programs –

Health & Emergency Information for Adult Participants in Family Programs

Return to our office at least three weeks before your arrival.
Concordia Language Villages Special Events
8659 Thorsonveien NE – Bemidji, MN 56601

Your Session Language: _____

Arrival Date? _____

Your Name: _____
First *Initial* *Last*

Birth Date: _____ Sex: ☐ Female ☐ Male
Month *Day* *Year*

Street Address: _____

_____
City *State* *Zip*

Preferred Phone: (_____) _____

Email: _____

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

2. About your nutrition status (check all that apply):
   - ☐ I have no food allergies.
   - ☐ I am allergic to the foods listed here. . . . . *Check the box that describes your reaction if you inadvertently eat that food.*
     - a. _____ ☐ Intolerance ☐ Anaphylaxis
     - b. _____ ☐ Intolerance ☐ Anaphylaxis
   - ☐ I am a vegetarian of this type . . . . . *By indicating that you are 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.*
     - ☐ Semi-vegetarian (no pork or beef)
     - ☐ Pesco vegetarian (no pork, beef or chicken)
     - ☐ Lacto (no meats, fish, seafood or eggs)
     - ☐ Lacto-ovo vegetarian (no beef, pork, chicken, fish or seafood)
     - ☐ Vegan (no beef, pork, chicken, fish, seafood, eggs or dairy)

3. 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.
   - ☐ Yes as explained below:

     _____

4. 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:* (_____) _____

5. Things you should know about health services while you are at the Language Villages:
   a. A staff member with basic first aid and CPR is at the Village during your program. This staff member responds in an emergency. Ambulance service is 30 minutes or more from the Village.
   b. 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. The Sanford-Bemidji clinic, hospital and pharmacy are at least a 20 minute drive from the Village.
   c. Please bring the medications you anticipate your family will need but also remember that children will be in this setting. Consequently, keep all medications with you or securely stored.

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.

Date: _____ Signature: _____

Questions? Call the Language Villages' Health Services office at 218-586-8771 or email health@cord.edu