



2017 Community Oregon Camp Participant
Emergency Contact Info, Dietary Restrictions & Medical Info

Name: _____

Part I: Emergency Contact

Person to Notify in Case of Accident/Illness: _____

Relationship to You: _____

Contact Person's Primary Phone#: _____

Part II: Dietary Restrictions

☐ Mark here if you have **no dietary restrictions**

Please mark any of the following that apply to you:

- ☐ Vegetarian (will eat animal products, but not meat)
- ☐ Vegan (no animal products whatsoever)
- ☐ Gluten-free
- ☐ Other restrictions for health or religious reasons:

Part III: Medical Issues

Please note any special medical issues that we might need to be aware of in order to ensure your health and safety during the Community Oregon Camp program: *(kept strictly confidential)*
