



- Year Round Programs -  
**Health & Emergency Information**  
**for Adult Participants**  
**in Family Programs during the Summer**

*Return to our office at least two weeks before your arrival.*  
**Concordia Language Villages Health Services**  
**8630 Thorsonveien NE - Bemidji, MN 56601**

Title of Your Program/Language: \_\_\_\_\_

Your Name: \_\_\_\_\_  
First Initial Last

Birth Date: \_\_\_\_\_  
Month Day Year  Female  Male

Street Address: \_\_\_\_\_  
City State Zip

Phone: ( ) \_\_\_\_\_

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

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

2. About your nutrition status:  
 I have no food allergies. Causes  
 I am allergic to the foods listed here. →  Anaphylaxis  
*Check the box if eating this food item triggers anaphylaxis for you.* Causes  
 I am a vegetarian of this type →  Anaphylaxis  
*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-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. In case of an emergency, we will call the local ambulance service. It takes at least 30 minutes for an ambulance to get to your program's location.
  - b. During your stay, a staff member with basic first aid and CPR is available to help in emergencies.
  - c. Our program does not have an AED on site.
  - d. Adult participants manage their own medications; please bring what you anticipate needing.
  - e. There is a clinic, hospital and pharmacy available to you in Bemidji. These are about 15 miles from the Village.

Statement of Agreement

I have read the information both on this page and in what was sent to me as an adult participant for this Language Villages' program. 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](mailto:health@cord.edu)