

CAMP LUTHEROAD HEALTH HISTORY FORM



This day camp is a partnership between Lutheridge and Grace Lutheran Church. We want to provide your child with the best possible week at camp including spiritual, physical, and social growth. You can help by carefully filling out this form. Health forms must be turned into the Camp Coordinator no later than the first morning of July 25. Each camper must have a completed health form on file or WILL NOT be admitted to Day Camp.

PLEASE PRINT:

Full Name of Camper

Last First MI (Circle or write name called)

Age _____ Birth date _____ Male Female

Camper's Address _____

City _____ State _____ Zip _____

Name (s) of Parent/Guardian _____

Home (_____) _____ Work (_____) _____ Cell (_____) _____

If I cannot be reached in an emergency call: _____ Relationship: _____

Home (_____) _____ Work (_____) _____ Cell (_____) _____

Name of Physician: _____ Phone (_____) _____

Health Insurance Information:

Lutheridge and Grace Lutheran have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier name _____

Carrier Address _____

Policy # _____ Phone _____

Policy Holder's Name _____

Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____

Medical Release and Authorization For Treatment

This day camp is a partnership between Lutheridge and Grace Lutheran Church. The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge and the local congregation, its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Day Camp leaders will endeavor, but are NOT required, to communicate with me prior to treatment. The undersigned releases Lutheridge, the local congregation, and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connection with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

Printed Name _____

Signature _____ Date _____

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp:

Activities from which the camper should be exempted for health or other reasons:

Does the camper know how to swim? Yes No Somewhat

Allergies: Please list any allergies (food, medicine, insect stings, etc.):

Asthma: Severe Moderate Mild

Triggers? _____

Nutritional/dietary restrictions: _____

Diabetic? No Yes

Vegetarian? No Yes

Camper Medications: _____

A first-aid kit will be present at all times. It contains the following medications: Tylenol, Motrin, Cold Medication and Antacids/Antidiarrheals. May your child receive these medications if needed?

Yes No Comments: _____

IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS PLEASE FILL OUT THE INFORMATION BELOW. All medications (including aspirin, vitamins) must be checked in with the local coordinator upon arrival.

I give my permission for the Local Coordinator or designated church volunteer to keep and administer the following medications:

Name of Med. _____ Dosage _____ How often _____
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Any special information concerning this medication?

Parent/Guardian Name _____
Signed _____ Date _____

Personal Information:

Please share any information that will help us give your camper the best experience possible.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp? Any emotional upsets?

Is your child apprehensive about anything at camp?

Any other suggestions or special information for the counselor?

