

Lutheran Outdoor Ministries Indiana-Kentucky

Summer Camp HEALTH Form

THIS FORM IS TO BE COMPLETED AND BROUGHT TO CAMP. An actual physical for camp is NOT necessary as long as all information is complete, correct, and that the camper has had a physical in the past 24 months.

Camper's Name			☐ Male	Female		
last	first	middle				
Home Address				_		
City	State	Zip	_			
Age Birthdate	Home Phone Number					
FIRST PARENT/Guardian Name						
Cell Phone Business Phone						
SECOND PARENT/Guardian Name						
Cell Phone	II Phone Business Phone					
EMERGENCY CONTACT: Name		Phone				
Part One Parental Authorization						
I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although Lutheran Outdoor Ministries has taken measures to minimize the risk of injury to camp participants, Lutheran Outdoor Ministries cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.						
I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending physician secured by Lutheran Outdoor Ministries to hospitalize, secure proper treatment for, to order injections, anesthesia, or surgery for my child, and to provide routine health care and dispense medications.						
Signature of Parent		Date _		_		
If you carry medical insurance, please i	ndicate:					
Insurance Carrier		Policy #		_		
Insurance Carrier Phone Number		Policy Holder's Nam	e			

Part Two Health Information					
Frequent Ear Infections Convulsions ADH D	Asthma Epilepsy Bedwetting	Diabetes Hyperactivity Sleepwalking	Heart Defect ADD		
Allergies: Penicillin Hay Fever	Aspirin Food Allergies	Serious Poison Ivy Other (specify):	Bee Stings		
Immunizations: All immunization booster.	ons must be up to date. I	ndicated dates of basic imm	unization or most recent		
DPT	Polio	Measles			
Current Tetanus (If da the attending physician may a		ease initial this statement: " ter.")	In case of an emergency,		
Operations, Serious or Chronic Illnesses:					
Dietary Modifications While At Camp:					
Prescription/Over-the -Counter Medications Camper Brings To Camp: (include instructions)					
	Part Three Health	Examination Record			
This health history record is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 24 months.					
		Date of Last Ph	ysical		
Physical Restrictions: While At C	<u>amp</u> :				
Description of any current physical or psychological condition requiring medication, treatment or special restrictions or considerations while at camp:					
	-				
Parent's Signature	Dat	e			
Name & Phone # of Family Physic	cian				