

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	e Number		
FIRST PARENT/Guardian Name			_	
Cell Phone	Business Phone			
SECOND PARENT/Guardian Name			_	
Cell Phone	Busines	s Phone		
				-
EMERGENCY CONTACT: Name		Phone _		
	Part One Pr	arental Authorization		
	Part One Pa	arental Authorization		
I understand and certify that my child understand that certain hazards and c Lutheran Outdoor Ministries has take Outdoor Ministries cannot guarantee instructed my child in the importance participants.	langers are inhe n measures to m that the activitie	rent in the camp progr ninimize the risk of inju es will be free of accide	ram, and I acknow ry to camp partic ents or injuries. F	vledge that although ipants, Lutheran urthermore, I have
I understand that parents are contactor event that I cannot be reached in an E Lutheran Outdoor Ministries to hospit for my child, and to provide routine ho	MERGENCY, I he alize, secure pro	ereby give permission to per treatment for, to o	to the attending p	hysician secured by
Signature of Parent		Date		_
If you carry medical insurance, please	e indicate:			
Insurance Carrier		Policy #		_
Insurance Carrier Phone Number		Policy Holder's Na	ıme	

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			
<u>Immunizations</u> : All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.						
DPT	_ Polio	Measles				
Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster.")						
Operations, Serious or Chronic Illnesses:						
Dietary Modifications While At Camp:						
<u>Prescription/Over-the –Counter Medications Camper Brings To Camp</u> : (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.						
Physical Restrictions: While At Ca	ımn.	Date of Last Ph	ysical			
Description of any current physic		dition requiring medication,	treatment or special			
restrictions or considerations wh						
Parent's Signature	Da	te				
Name & Phone # of Family Physic	ian					

CAMPER NAME		
WEEK	CABIN	
FOR OFFICE USE ONLY		
Review of health histor Allergies Current medications		
Camp Health Supervis	or Signature	Date
C	AMPER MEDICATION	ONS WHILE AT CAMP
the time of camper check-	in at registration. In order to e	nts, pills, etc.) must be left with the health supervisor nsure that your camper receives medications as you be list instructions for all medications you leave.
Medications	Dose Amount	Time(s) to be given
0. Water	2 tablespoons	As needed
1		
2		
3		
4		
This person may take, und		esignee's supervision, the following medications or gen to manage illness and injury:
☐ Tylenol ☐ Ibuprofen ☐ Benadryl (for swollen b ☐ Antibiotic Cream		
☐ Aloe, Solarcane (for sur ☐ Calamine lotion (for po ☐ Generic cough/sore thr	ison ivy)	
x		
Parent/Guardian Signature	2	Date