Camper's Name

## **Lutheran Outdoor Ministries Indiana-Kentucky**

# **Summer Camp HEALTH Form**

REQUIRED HEALTH FORM IS AVAILABLE ONLINE ALSO, YOU ONLY NEED TO COMPLETE ONE. 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.

Male

☐ Female

Home Address	last	first	middle			_
City		State	Zip			
Age Birth	date	Home Phone	Number			
FIRST PARENT/Gu	ıardian Name					
Cell Phone		Business Phone				
SECOND PARENT/	/Guardian Name _					
Cell Phone		Busines	s Phone			
		Part One Pa	arental Authori	zation		
understand that of Lutheran Outdoor Outdoor Ministrie	certain hazards an r Ministries has ta es cannot guarant	illd's participation in id dangers are inher ken measures to m ee that the activitie ice of abiding by the	ent in the camp inimize the risk s will be free of	o program, an of injury to ca accidents or i	d I acknowle amp participa injuries. Furi	dge that although ants, Lutheran thermore, I have
event that I canno Lutheran Outdoor	ot be reached in a r Ministries to hos	acted in the event the n EMERGENCY, I he spitalize, secure pro e health care and dis	reby give perm per treatment f	ission to the a for, to order ir	ittending phy	
Signature of Pare				_ Date		-
If you carry medi	cal insurance, ple	ase indicate:				
Insurance Carrier			Policy	#		
Insurance Carrier	Phone Number _		Policy Hold	er's Name		

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**OUR MISSION:** Lutheran Outdoor Ministries Indiana-Kentucky (LOMIK) welcomes all and provides Christ-centered programs for building faith and life-long relationships in a safe, caring, and fun environment.



## **Lutheran Outdoor Ministries Indiana-Kentucky**

# **Summer Camp HEALTH Form**

Part Two Health Information							
Frequent Ear Infections Convulsions ADHD	Asthma Epilepsy Bedwetting	Diabetes Hyperactivity Sleepwalking	Heart Defect ADD				
Allergies: Penicillin	Aspirin	Serious Poison Ivy	Bee Stings				
Immunizations: All immunizations booster.  DPT Current Tetanus (If date the attending physician may administrations)	Polio	Measles please initial this statement: "I					
Operations, Serious or Chronic Illn	esses:						
Dietary Modifications While At Ca	<u>mp</u> :						
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 Physical							
Physical Restrictions: While At Car	<u>np</u> :	Date of Last 1 ii	yolou!				
Description of any current physica restrictions or considerations while.  This person may take, under the he equivalents (as directed on label) or	e at camp: ealth supervisor's or do	esignee's supervision, the follo	_				
Tylenol Ibuprofen Benadryl (for swollen bee stings Antibiotic Cream Aloe, Solarcane (for sunburn) Calamine lotion (for poison ivy) Generic cough/sore throat loze							
Parent's Signature	D	ate					
Name & Phone # of Family Physician							

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## **Lutheran Outdoor Ministries Indiana-Kentucky**

# **Summer Camp HEALTH Form**

**Part Three --- Camper Medications** 

### CAMPER MEDICATIONS WHILE AT CAMP

All medications (prescribed and over-the-counter ointments, pills, etc.) must be left with the health supervisor at the time of camper check-in at registration. In order to ensure that your camper receives medications as you instruct, we ask that you fill in the form below. Be sure to list instructions for all medications you leave.

Medications	Dose Amount	Time(s) to be given
0. <u>Water</u>	2 tablespoons	As needed
1		
2		
3		
4		
x		
Parent/Guardian Signature		Date