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.

Camper's Name			Male	Female
last Home Address	first	middle		_
City		Zip		
Age Birthdate	Home Phone	Number		
FIRST PARENT/Guardian Name			_	
Cell Phone	Business	Phone		
SECOND PARENT/Guardian Name _				
Cell Phone	Business	Phone		
EMERGENCY CONTACT 1: Name EMERGENCY CONTACT 2: Name				
	Part One Pa	rental Authorization		
I understand and certify that my chi understand that certain hazards and Lutheran Outdoor Ministries has tak Lutheran Outdoor Ministries cannot considered the status of all family maware that viruses can be passed be proper handwashing and physical di of abiding by the camp's rules and pure I understand that parents are contained that I cannot be reached in an Lutheran Outdoor Ministries to hose for my child, and to provide routine	I dangers are inherenced that the sen measures to mine guarantee that the nembers in my house tween campers and stancing practices. In occedures for the second in the event the EMERGENCY, I herepitalize, secure prop	ent in the camp programimize the risk of injury activities will be free dehold with respect to play a compart of the following and the furthermore, I have in a fety of camp participate of the following profession to the fortune of	m, and I acknow y/illness to camp of accidents or in preexisting med er camp. I have astructed my chi ants. essional medical the attending p	vledge that although p participants, njuries. I have lical conditions and are instructed my child in ild in the importance attention. In the physician secured by
Signature of Parent				
If you carry medical insurance, plea				
Insurance Carrier		Policy #		
Insurance Carrier Phone Number		Policy Holder's Nan	ne	

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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.



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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 adm	Poliocannot be supplied,	Measles please initial this statement: "I				
Operations, Serious or Chronic Illnesses:						
<u>Dietary Modifications While At Camp</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.						
Physical Restrictions: While At Car	mn:	Date of Last Phy	ysical			
Description of any current physical or psychological condition requiring medication, treatment or special restrictions or considerations while at camp: This person may take, under the health supervisor's or designee's supervision, the following medications or generic equivalents (as directed on label) on an as needed basis to manage illness and injury:						
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		Date				
Name & Phone # of Family Physicia	ın					

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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