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	State	Zip		
Age Birthdate	Home Phone	e Number		
FIRST PARENT/Guardian Name				
Cell Phone	Busines	ss Phone		
SECOND PARENT/Guardian Name				
Cell Phone	Busines	ss Phone		
EMERGENCY CONTACT 1: Name _ EMERGENCY CONTACT 2: Name _				
	Part One Pa	arental Authorization	n	
I understand and certify that my chanderstand that certain hazards are Lutheran Outdoor Ministries has to Lutheran Outdoor Ministries cannot considered the status of all family are aware that viruses can be passibiled in proper handwashing and importance of abiding by the came I understand that parents are contevent that I cannot be reached in a Lutheran Outdoor Ministries to how for my child, and to provide routing	nd dangers are inher aken measures to mot guarantee that the members in my housed between campo physical distancing p's rules and proceducted in the event the EMERGENCY, I he spitalize, secure pro	rent in the camp prog inimize the risk of inju- e activities will be fre- busehold with respec- ers and/or brought h practices. Furthermo- dures for the safety of their child receives pro- ereby give permission per treatment for, to	gram, and I acknow ury/illness to camp ee of accidents or i t to preexisting m nome after camp. I ore, I have instruct of camp participal ofessional medical to the attending p	vledge that although p participants, njuries. I have edical conditions and I have instructed my ted my child in the nts. attention. In the physician secured by
Signature of Parent		Da	te	
If you carry medical insurance, ple	ease indicate:			
Insurance Carrier		Policy #		
Insurance Carrier Phone Number _		Policy Holder's N	lame	
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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 administrations)	Polio	Measles olease initial this statement: "I			
Operations, Serious or Chronic Illn	esses:				
Dietary Modifications While At Camp:					
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	np:	Date of Last Fit	ysicai		
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	C	Date			
Name & Phone # of Family Physicia	n				

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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