



Lutheran Outdoor Ministries Indiana-Kentucky Summer Camp HEALTH Form

Male

Female

Camper Name _____
Last First MI

Birth Date _____

Home Address _____
Street Address City State Zip

Custodial Parent(s) or Guardian(s): _____

Cell Phone _____ Email _____

Additional Emergency Contact: _____

Cell Phone _____ Relationship to Camper _____

Medications Being Taken

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Medications must be in original pharmacy containers with original labels that show the camper’s name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Camper takes no daily medications Camper should be given the following medications while at camp:

Name of Medication	Reason for Taking	Specific Times to be Given	Amount or Dose to be Given

The following non-prescription medications will be stocked in the Nurse’s Clinic and are used on an as needed basis to manage illness and injury as recommended by the nurse or health care officer on site. Generic brands may be substituted. **Cross out those the camper should not be given.**

- Acetaminophen (Tylenol) (tablets or liquid)
- Calamine Lotion
- Ibuprofen (Motrin or Advil) (tablets or liquid)
- Antibiotic Ointment Diphenhydramine (Benadryl) (tablets or liquid)
- Cough Drops
- Guaifenesin (Robitussin D)
- Calcium Carbonate (Tums)
- Bismuth Subsalicylate (Kaopectate)

Allergies

Camper has no known allergies

List any medical, food or other allergies, their reactions and management

Dietary Restrictions

This camper eats a regular diet

This camper has special food needs (please describe): _____

Activity Restrictions

I have reviewed the program and activities of camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of camp and feel the camper can participate with the following restrictions:

List any restrictions

Immunization History

Immunization History: All immunizations required for school are up to date including tetanus shot.

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Parent or Guardian _____ Date _____

General Health Information

Please describe any current physical, mental, emotional, social health, developmental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: and any camp activities the camper should be exempted from for health reasons.

Permission to Treat

Adult (over 18 years)/Parent / Guardian Authorization for Health Care

*** This section MUST be signed before camper may attend any camp program.***

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent or Guardian _____ Date _____

Printed Name _____ Relationship to Camper _____

For Camp Office Use Only

Name of LOMIK Health Officer: _____ Date _____