

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 Birthd	late	Home Phone I	Number			
FIRST PARENT/Gua	ardian Name					
Cell Phone		Business	Phone			
SECOND PARENT/C	Guardian Name					
Cell Phone		Business	Phone			
EMERGENCY CONT	ACT: Name		Phc	one		
Part One Parental Authorization						

I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although Lutheran Outdoor Ministries has taken measures to minimize the risk of injury to camp participants, Lutheran Outdoor Ministries cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending physician secured by Lutheran Outdoor Ministries to hospitalize, secure proper treatment for, to order injections, anesthesia, or surgery for my child, and to provide routine health care and dispense medications.

Signature of Parent	Date
If you carry medical insurance, please indicate:	
Insurance Carrier	Policy #
Insurance Carrier Phone Number	Policy Holder's Name

Part Two Health Information					
Frequent Ear Infections Convulsions ADH D	Asthma Epilepsy Bedwetting	Diabetes Hyperactivity Sleepwalking	Heart Defect ADD		
<u>Allergies</u> : Penicillin Hay Fever	Aspirin Food Allergies	Serious Poison Ivy Other (specify):	Bee Stings		
Immunizations: 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.

Date of Last Physical \_\_\_\_\_

Physical Restrictions: While At Camp:

Description of any current physical or psychological condition requiring medication, treatment or special restrictions or considerations while at camp:

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Phone # of Family Physician \_\_\_\_\_\_

CAMPER NAME	
WEEK	CABIN
FOR OFFICE USE ONLY	
<ul> <li>Review of health history</li> <li>Allergies</li> <li>Current medications</li> </ul>	INITIAL HEALTH SCREENING CHECK Observable evidence of illness, injury, communicable disease Restrictions while at camp Check for parental signature
Camp Health Supervisor Sig	gnature Date

## 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. <u>Be sure to list instructions for all medications you leave</u>.

Medications	Dose Amount	Time(s) to be given
0. <u>Water</u>	<u>2 tablespoons</u>	As needed
1		
2		
3		
Δ		

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 lozenges

X\_\_\_\_\_ Parent/Guardian Signature