

# Lutheran Outdoor Ministries Indiana-Kentucky Summer Camp HEALTH Form

## Part Two --- Health Information

Frequent Ear Infections       Asthma       Diabetes       Heart Defect  
 Convulsions       Epilepsy       Hyperactivity       ADD  
 ADHD       Bedwetting       Sleepwalking

### Allergies:

Penicillin       Aspirin       Serious Poison Ivy       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:**

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:**

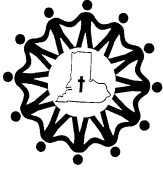
### **Description of any current physical or psychological condition requiring medication, treatment or special restrictions or considerations while at camp:**

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

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

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



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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.

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

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

\_\_\_\_\_  
Date