



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 _____ Sex Male Female
last first middle

Home Address _____

City _____ State _____ Zip _____

Age _____ Birthdate _____ Home Phone Number _____

FIRST PARENT/Guardian Name _____

Cell Phone _____ Business Phone _____

SECOND PARENT/Guardian Name _____

Cell Phone _____ Business Phone _____

EMERGENCY CONTACT: Name _____ Phone _____

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 Asthma Diabetes Heart Defect
 Convulsions Epilepsy Hyperactivity ADD
 ADH Bedwetting Sleepwalking

Allergies:

Penicillin Aspirin Serious Poison Ivy Bee Stings
 Hay Fever Food Allergies Other (specify):

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:

Prescription/Over-the –Counter Medications Camper Brings To Camp:
(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 _____