

## 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 Birthdate	Home Phone	Home Phone Number					
FIRST PARENT/Guardian Name							
Cell Phone	Business	Business Phone					
SECOND PARENT/Guardian Name							
Cell Phone	Business	Phone					
EMERGENCY CONTACT: Name	Phone						
	Part One — Parer	ntal Authorization	on				
I understand and certify that my chool voluntary. I understand that certain acknowledge that although Luther to camp participants, Lutheran Out accidents or injuries. Furthermore, rules and procedures for the safety I understand that parents are contained that I cannot be reached secured by Lutheran Outdoor Ministanesthesia, or surgery for my child,	n hazards and dar an Outdoor Minis door Ministries ca I have instructed I of camp participa cted in the event in an EMERGENC stries to hospitalize	ngers are inherer tries has taken menot guarantee my child in the ints.  their child receiver, I hereby give per secure proper	nt in the neasures that the mportand ves profe permissic treatmer	camp progito minimized activities where of abidinessional mediant to the attent for, to ore	ram, and I e the risk of injury ill be free of g by the camp's dical attention. In tending physician der injections,		
Signature of Parent		[	Date				
If you carry medical insurance, plea	ase indicate:						
Insurance Carrier		Policy #					
Insurance Carrier Phone Number		Policy Holde	er's Name	<b>a</b>			

Part Two — Health Information					
Convulsions	Asthma Epilepsy Bedwetting	Diabetes Hyperactivity Sleepwalking	Heart Defect ADD		
	Aspirin Food Allergies	Serious Poison Ivy Other (specify):	Bee Stings		
<u>Immunizations</u> : All immunizations m recent booster.	ust be up to date	. Indicated dates of basic i	mmunization or most		
DPTPoli	0	Measles			
Current Tetanus ( If date can emergency, the attending physician					
Operations, Serious or Chronic Illne	sses:				
<u>Dietary Modifications While At Cam</u> <u>Prescription/Over-the –Counter Medinclude instructions)</u>		· Brings To Camp:			
Part	Three — Health I	Examination Record			
This health history record is correct a engage in all prescribed camp activit described has had a medical examination.	ies except as note	ed by me. I also attest that			
Physical Restrictions: While At Camp	<u>o</u> :	Date of Last Physical			
<u>Description of any current physical or psychological condition requiring medication, treatment or special restrictions or considerations while at camp</u> :					
Parent's Signature	D	ate			