

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					
Tell Phone Business Phone					
SECOND PARENT/Guardian Name _					
Cell Phone	Business Phone				
EMERGENCY CONTACT: Name		Ph	none		
F	Part One — Parent	tal Authorizatio	n		
I understand and certify that my chil voluntary. I understand that certain acknowledge that although Luthera to camp participants, Lutheran Outc accidents or injuries. Furthermore, I rules and procedures for the safety of	hazards and dan In Outdoor Minist door Ministries car have instructed n	gers are inherent ries has taken mo nnot guarantee t ny child in the im	t in the ceasures hat the	camp prog to minimize activities w	ram, and I e the risk of injury ill be free of
I understand that parents are contact the event that I cannot be reached in secured by Lutheran Outdoor Minist anesthesia, or surgery for my child, a	n an EMERGENCY tries to hospitalize	/, I hereby give p ·, secure proper t	ermissic reatmer	on to the at nt for, to or	tending physician der injections,
Signature of Parent		D	ate		
If you carry medical insurance, plea	se indicate:				
Insurance Carrier		Policy #			
Insurance Carrier Phone Number		Policy Holder	r's Name	<u> </u>	

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	immunization or most				
DPT Polic		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.							
Physical Restrictions: While At Camp	hysical						
Description of any current physical or psychological condition requiring medication, treatment or special restrictions or considerations while at camp:							
Parent's Signature	D	ate					