

Lutheran Outdoor Ministries Indiana-Kentucky Summer Camp HEALTH Form

Sex ☐ Male ☐ Female

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	s Phone		
SECOND PARENT/Guardian Name			-	
Cell Phone	Business	s Phone		
EMERGENCY CONTACT: Name		Phone _		
	Part One Pa	rental Authorization		
I understand and certify that my child's understand that certain hazards and di Lutheran Outdoor Ministries has taken Outdoor Ministries cannot guarantee t instructed my child in the importance oparticipants.	angers are inher measures to m hat the activitie	rent in the camp progr inimize the risk of inju is will be free of accide	ram, and I acknowle ry to camp particip ents or injuries. Fur	edge that although ants, Lutheran thermore, I have
I understand that parents are contacte event that I cannot be reached in an EI Lutheran Outdoor Ministries to hospita for my child, and to provide routine he	MERGENCY, I he alize, secure pro	reby give permission to per treatment for, to	to the attending ph	ysician secured by
Signature of Parent		Date		
If you carry medical insurance, please	indicate:			
Insurance Carrier		Policy #		
Insurance Carrier Phone Number		Policy Holder's Na	me	

Part Two Health Information				
Frequent Ear Infections Convulsions ADH	Asthma Epilepsy Bedwetting	Diabetes Hyperactivity Sleepwalking	Heart Defect ADD	
Allergies: Penicillin Hay Fever	Aspirin Food Allergies	Serious Poison Ivy Other (specify):	Bee Stings	
Immunizations: All immunization booster.	ns must be up to date. I	ndicated dates of basic immi	unization or most recent	
DPT	Polio	Measles		
Current Tetanus (If date of attending physician may administe		se initial this statement: "In)	case of an emergency, the	
Operations, Serious or Chronic Ille	nesses:			
<u>Prescription/Over-the –Counter N</u> (include instructions)		ngs To Camp:		
	Part Three Health	Examination Record		
This health history record is correct all prescribed camp activities exces medical examination within the particular and the pa	pt as noted by me. I also			
		Date of Last Ph	ysical	
Physical Restrictions: While At Ca Description of any current physical restrictions or considerations while the consideration of the c	al or psychological cond	ition requiring medication,	treatment or special	
Parent's Signature	Dat	e		
Name & Phone # of Family Physici	an			

CAMPER NAME		
WEEK	CABIN	
FOR OFFICE USE ONLY		
Review of health history Allergies Current medications	_	
Camp Health Supervisor	Signature	Date
All medications (prescribed a the time of camper check-in	and over-the-counter ointmer at registration. In order to er	ons while at camp ints, pills, etc.) must be left with the health supervisor at insure that your camper receives medications as you list instructions for all medications you leave.
Medications	Dose Amount	Time(s) to be given
0. <u>Water</u>	2 tablespoons	As needed
1		
2	_	
3		
4		
	the health supervisor's or dealed basis to	signee's supervision, the following medications or generic o manage illness and injury:
☐ Tylenol☐ Sudafed☐ Ibuprofen☐ Benadryl (for swollen be	e stings)	
Antibiotic Cream Aloe, Solarcane (for sunb		
Calamine lotion (for pois Generic cough/sore thro	on ivy)	
XParent Signature		 Date