DAY CAMP HEALTH HISTORY FORM

This Day Camp is a partnership between Luther Springs and JOY Lutheran Church. We want to provide your child with the best possible week at camp including spiritual, physical, and social growth. You can help by carefully filling out this form. Health forms must be turned into the Day Camp coordinator no later than the first morning of the Day Camp. **Each camper must have a completed health form on file or WILL NOT be admitted to Day Camp.**

PLEASE PRINT

Full Name of Camper_____

Last First MI

Age _____ Birth date _____ Circle one: Male Female

Camper's Address _____

City _____ State _____ Zip _____

Name (s) of Parent (s) or Guardian: _____

Home Phone (_____)_____

Work Phone (_____)_____

Cell Phone (_____)_____

If I cannot be reached in an emergency call: _____

Relationship: _____

Home Phone (_____)_____

Work Phone (_____)_____

Cell Phone (_____)_____

Name of Child's Physician: _____

Physician's Phone (_____)_____

Health Insurance Information:

LUTHER SPRINGS and JOY Lutheran Church have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier name

_____

Carrier Address

_____

Policy # _____ _____ Phone _____

Policy Holder's Name

_____

Policy Holder's Social Security #_____ Policy Holder's Birthdate_____

Medical Release and Authorization For Treatment

This day camp is a partnership between Luther Springs Lutheran Outdoor Ministries (LUTHER SPRINGS) and JOY Lutheran Church. The undersigned, as parent/legal guardian of the camper, authorizes LUTHER SPRINGS and JOY Lutheran Church, its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Day Camp leaders will endeavor, but are not required, to communicate with me prior to treatment. The undersigned releases LUTHER SPRINGS and the local congregation, and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off-site.

Printed Name _____ Signature Date _____

CAMPER HEALTH HISTORY CONTINUED

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp:

_____

_____

_____

Activities from which the camper should be exempted for health or other reasons:

_____

_____

_____

Does camper know how to swim? Yes No Somewhat

Allergies: Please list any allergies (food, medicine, insect stings, etc.):

_____

_____

_____

Asthma: Severe Moderate Mild Triggers? _____

Nutritional/dietary restrictions: _____

_____

Diabetic? No Yes Vegetarian? No Yes

Camper Medications:

A first-aid kit will be present at all times and contains the following medications: Tylenol, Motrin, Cold Medication and Antacids/Antidiarrheals. **May your child receive these medications if needed? Yes No**

Comments:_____

_____

_____

IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS PLEASE FILL OUT THE INFORMATION BELOW. All medications (including aspirin, vitamins) must be checked in with the local coordinator upon arrival.

I give my permission for the Local Coordinator or designated church volunteer to keep and administer the following medications:

Name of Med. _____ Dosage _____

How often _____

Name of Med. _____ Dosage _____

How often _____

Any special information concerning this medication? _____

_____

_____

Signed _____ Date _____

Parent or Guardian Name