



Camper Health Form
Summer 2018
One per Camper Please
Due two weeks before camp

Camper Name _____ Birthdate _____

Emergency Contacts:

#1 Name _____ Phone _____ Relation to Camper _____
#2 Name _____ Phone _____ Relation to Camper _____
#3 Name _____ Phone _____ Relation to Camper _____

Allergy & Dietary Restrictions

Does your child have any allergies?

- No
- Yes, allergic to: _____

Allergic reaction details, date, and description: _____

Does your child require an EpiPen?

- No
- Yes. Please provide details about your child's anaphylaxis, including the date and description of last reaction. _____

Does your child have any dietary restrictions?

- No
- Yes, dietary restrictions include _____

Medications & Treatments

Will your child be taking any medications while at camp?

- No
- Yes. Medication _____ Dose _____ Time taken _____ Reason _____
Medication _____ Dose _____ Time taken _____ Reason _____
Medication _____ Dose _____ Time taken _____ Reason _____
Medication _____ Dose _____ Time taken _____ Reason _____

Will your child require any treatments while at camp?

- No
- Yes. Please explain: _____

Does your child regularly take any medication that will not be taken at camp?

- No
- Yes. Please explain: _____

Check the following over-the-counter medications that MAY be given to your child while at camp, if needed?

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Pepto-Bismol |
| <input type="checkbox"/> Antibiotic Cream | <input type="checkbox"/> Robitussin or cough drops |
| <input type="checkbox"/> Antihistamines (Benadryl, Diphenhydramine) | <input type="checkbox"/> Robitussin DM |
| <input type="checkbox"/> ASA (Aspirin) Adults only unless directed by an MD. | <input type="checkbox"/> Sting Swabs |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Sudafed |
| <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Sunburn Spray (Solarcaine) or Aloe Vera |
| <input type="checkbox"/> Dimetapp | <input type="checkbox"/> Sunscreen |

Immunizations**Camper Name** _____

Please list the date of your child's most recent vaccination or booster, if any, for the following

- Tetanus Booster-----Immunized on _____ Not Immunized
- Chicken Pox (Varicella)----- Immunized on _____ Not Immunized
- Diphtheria, Tetanus, Pertussis (DTap)--Immunized on _____ Not Immunized
- Polio----- Immunized on _____ Not Immunized
- MMR----- Immunized on _____ Not Immunized
- Haemophilus Influenza B----- Immunized on _____ Not Immunized
- Hep A----- Immunized on _____ Not Immunized
- Hep B----- Immunized on _____ Not Immunized
- Meningococcal Meningitis (MCV4)- Immunized on _____ Not Immunized
- Pertussis/Tdap or Td booster----- Immunized on _____ Not Immunized

Health History

Has your child experienced, or is currently experiencing, any of the following conditions?

- ADD/ADHD No Yes. Please explain _____
- Asthma/Inhaler No Yes, mild, moderate, or severe? Is it sports induced? _____
- Bedwetting No Yes. Please explain _____
- Behavioral Issues No Yes. Please explain _____
- Blackouts/Fainting No Yes. Please explain _____
- Bleeding Disorder No Yes. Please explain _____
- Chest Pain No Yes. Please explain _____
- Concussion No Yes. Please explain _____
- Constipation/Diarrhea No Yes. Please explain _____
- Convulsions No Yes. Please explain _____
- Depression No Yes. Please explain _____
- Developmental Delays No Yes. Please explain _____
- Diabetes No Yes. Date of diagnosis & care needed _____
- Eating Disorder No Yes. Please explain _____
- Frequent Colds No Yes. Please explain _____
- Headaches No Yes. Please explain _____
- Hearing Problems No Yes. Please explain _____
- Heart Disease No Yes. Please explain _____
- Homesickness No Yes. Please explain _____
- Lice No Yes. Please explain _____
- Mental Health Issues No Yes. Please explain _____
- Nightmares/Terrors No Yes. Please explain _____
- Problems Breathing or Coughing No Yes. Please explain _____
- Seizures No Yes. Please explain _____
- Skin Problems No Yes. Please explain _____
- Sleepwalking No Yes. Please explain _____
- Speech Problems No Yes. Please explain _____
- Stomach Aches No Yes. Please explain _____

Has your child had any operations?

Camper Name _____

No

Yes. Please explain _____

Has you child ever been hospitalized or had a serious injury?

No

Yes. Please explain & list date(s) _____

Has you child been exposed to any communicable diseases within the last 3 months?

No

Yes. Please explain & list date(s) _____

Does your child have any restrictions on activity?

No

Yes. Please explain _____

Will you child require and special assistance while at camp?

No

Yes. Please explain _____

Please list any other medical information the camp should know about your child & if you would like to discuss anything with the medical staff.

Health Insurance and Doctor Information

Family Doctor _____ Phone Number _____

Family Dentist _____ Phone Number _____

Do you have medical insurance? No Yes

Health Insurance Policy Holder Information

Full name of Policy holder _____ Policy holder phone _____

Employer name (if through employer) _____

Health Insurance Company Information

Insurance Company/Plan Name _____ Insurance company phone _____

Health Insurance Policy Number _____ Insurance group name or number _____

Medical Waiver

My child has permission to engage in all camp activities, except as noted by myself and the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named above. I give permission for the camp to provide routine healthcare and dispense medications. I voluntarily waive any claim against the sponsoring institution, local churches and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of Luther Park Camping and Retreat Center.

Parent/Guardian Signature Date