

Camp Lutherwood Health Form

Camper Last Name _____ First Name _____ Date of Birth _____ Camp Attending _____
 Gender: M () F () Height _____ inches Weight _____ lbs Address _____ City/State/Zip _____
 Mother's Name _____ Day Phone _____ Night Phone _____ Lives with camper: _____
 Father's Name _____ Day Phone _____ Night Phone _____ Lives with camper: _____
 Emergency Contact Name _____ Relationship to Camper _____
 Day Phone _____ Night Phone _____ In case of emergency, whom should we call first: _____

Current Medications : Please note, all prescription medications MUST be prescribed to the camper, within expiration date, and in their original packaging. No exceptions will be made.

Name of Medication	Reason for Taking	Dosage	Schedule

Health History

Condition	No or Yes	If Yes: Current and/or Past Problem	Condition	No or Yes	If Yes: Current and/or Past Problem	Condition	No or Yes	If Yes: Current and/or Past Problem	Condition	No or Yes	If Yes: Current and/or Past Problem	Condition	No or Yes	If Yes: Current and/or Past Problem
Measles, Mumps, or Rubella	No Yes	Current Past	Recurrent Headaches	No Yes	Current Past	Heart Disease or Problems	No Yes	Current Past	Diabetes	No Yes	Current Past	ADD or ADHD	No Yes	Current Past
Epilepsy or Convulsions	No Yes	Current Past	Asthma	No Yes	Current Past	Frequent Colds	No Yes	Current Past	Infectious Mononucleosis	No Yes	Current Past	Bed Wetting	No Yes	Current Past
Ear, Nose, of Throat trouble	No Yes	Current Past	Disease or injury to joints or back	No Yes	Current Past	Stomach or Intestine trouble	No Yes	Current Past	Infectious Hepatitis	No Yes	Current Past	Home Sickness	No Yes	Current Past
Eating Disorders	No Yes	Current Past	Comments, other issues, and/or list surgeries											
Does your child have any physical limitations we should knowabout?														

Allergies

Type of Allergy	No Yes	Describe/Specify Allergen	Mild	Moderate (Swelling of entire extremity or severe rash)	Severe (Systemic Response/Difficulty breathing)
Food	No Yes				
Medication	No Yes				
Environmental (animal, plant, insect, etc.)	No Yes				
Other	No Yes				

Immunizations

Vaccination	Most Recent Date	Vaccination	Most Recent Date	Vaccination	Most Recent Date	Vaccination	Most Recent Date	Vaccination	Most Recent Date
Measles, Mumps, Rubella (MMR)		Hepatitis A		Hib		Chicken Pox (or had the disease)		Influenza	
Diphtheria/Tetanus (DPT)		Hepatitis B		Polio		Other		Other	
Date of last Physical Exam: _____		Physician Name: _____				Physician Phone: (____) _____			

Consent for Medication

Please mark each medication trained medical staff at Camp Lutherwood are allowed to administer, in accordance with recommended package dosing for the specific indication(s) below.

Acetaminophen (Le. Tylenol) For mild fevers and discomforts	No Yes	Throat Lozenges For coughs or sore throats	No Yes	Cough/Cold Medicines (Le. Sudafed, Nyquil) For allergy symptoms or colds	No Yes
Ibuprofen (Le. Advil) For mild fevers, discomforts, and inflammation	No Yes	Creams (Le. Calamine, Aloe Vera) For itching, sunburns, or insect bites	No Yes	Antacids (Le. Pepto Bismal, Tums) For upset stomachs or heart burn	No Yes
Aspirin (Le. Bayer) For mild fevers and discomforts	No Yes	Benadryl For allergy symptoms	No Yes	Anitidiarheals (Le. Kaopectate)	No Yes

Family Medical Insurance

Insurance Company _____ Telephone Number _____
 Policy Number _____ Group Number _____ Subscriber Name _____

Authorization

I hereby give informed and expressed consent for my child to take part in all camp activities under supervision, and agree that the camp or camp personnel will not be held responsible for accidents arising there from. I authorize the camp Health Care Provider and/or designated camp staff to provide appropriate treatment to my child for injuries and/or illness. This includes, but is not limited to, following Camp Lutherwood medical procedures and protocols, following poison control recommendations, administering prescription medications as noted above, administering over the counter medications as approved above, transportation to hospital care, and following directions from the medical director. I further acknowledge that I may exercise my right to view Camp Lutherwood's medical policy and/or medical protocols (standing orders). I understand that the information on this form may be released to the appropriate medical personnel in case of emergency. I also understand that failure to disclose medical or emotional problems in advance may lead to serious consequences while at camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

Parent/Guardian Signature _____ Date _____