

DAY CAMP HEALTH HISTORY FORM

This Day Camp is a partnership between Lutheridge and your local congregation (above). 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 (Circle or write name called)

Age _____ Birth date _____ 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: _____ Phone (____) _____

Health Insurance Information:

Lutheridge and the local congregation 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 Date of Birth _____

Medical Release and Authorization For Treatment

This day camp is a partnership between Lutheridge and the local congregation listed above. The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge and the local congregation, 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 Lutheridge 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.): _____
