

HEALTH FORM FOR CAMP LUTHERHOMA AND HIGH POWERED ADVENTURES

Office Use: 2010 Counselor: _____
Cabin #: _____

Camp Session Attending _____ Date of Camp Session _____
 This portion is to be completed by Parent/Guardian of camper. (Please Print)

Camper's Name _____ Age _____ Date of Birth _____ Sex _____

Name of Parent or Guardian _____

Home Address _____ City _____ State _____ Zip Code _____

Telephone (home) _____ (work) _____ (cell) _____

Home Church _____

Name and telephone of nearest relative, or person designated as emergency contact, if parent/guardian cannot be reached

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

In order to assure the highest degree of enjoyment and to provide the fullest protection, each camper is required to present evidence that his/her physical condition is such as to justify the expectancy of a healthy and safe camping experience.

1. Heart trouble, diabetes, asthma, or other condition we should be aware of: _____

2. Serious ivy, oak or sumac poisoning reactions: _____

3. Insect sting reactions: _____

4. Reactions to Penicillin or other drugs: _____

5. Are all minimum immunization requirements up to date: _____

6. Date of most recent Tetanus immunization: _____

7. Any restrictions to Swimming _____ Recreation _____ Canoeing _____

Other _____

8. At the time of camp, is camper under any medication or dietary regimen: _____ List: _____

Any Medication brought/sent to camp must be in its original container and labeled for the individual for whom it is intended.

NO CHILD WILL BE ACCEPTED TO CAMP WITHOUT COMPLETED AND SIGNED FORM

 My child, named above on this form, has permission to take part in all camp activities, including offsite activities under camp supervision. I agree that the camp or its personnel will not be held responsible for accidents arising thereof. I understand that attempts will be made to contact me if my child requires emergency medical/surgical treatment, but if it is impractical to do so and/or until I can arrive at the scene, I hereby give my permission to the physician selected by the camp staff to secure proper treatment, to hospitalize, to order injections, anesthesia, x-ray, or surgery for my child as named above. Any financial obligation incurred will be covered by me personally or by the insurance policy listed below.

Signature _____ Date _____

parent or guardian

I give permission to Camp Lutherhoma to administer over the counter medications as needed to my child.(example: tylenol, allergy medication, nausea medication, etc.)

Signature _____ Date _____

parent or guardian

Family Health Insurance Company _____ Policy # _____

Please attach a copy of Insurance Company Card that covers this camper to this form.

Family Physician's Name _____ Phone # _____

Photo/Media Release: I grant Camp Lutherhoma and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of my child for use in materials they may create for the purpose of promoting Camp Lutherhoma and its programs.

Signature of Guardian(if camper is under 18) _____ Date: _____

Please leave our address off of the list handed out at the end of the week. (check here)