

2022 Camper Medical Information/Parental Permission Form

Camp Lutherhaven

This form is to be filled out by a parent/guardian of each camper.

1. Name: _____ Birth date: _____ Age: _____ Sex: _____
Last First Middle Initial
2. Parent(s) or guardian(s): _____
3. Home address: _____
Street address City State Zip code
4. Home phone: () _____ Cell phone: () _____ Work phone: () _____
5. Other emergency contact: _____ Phone: () _____
6. Name of family physician: _____ Phone: () _____
7. Medical insurance carrier: _____ Insurance phone: () _____
- Policy or group number: _____

Medical Information and History

8. If sending ANY medications (prescribed or other) to Camp with your child, complete the chart below. **All** medication must be sent in its original container and kept with the first aid coordinator, except inhalers and topical creams as prescribed by your physician for self-administration.

Medication	Dosage	Times Given	Reason for Medication

9. Please check which of the following over-the-counter medications you allow to be given to your child, if necessary.

- Antacid tablets
- Antihistamine
- Aspirin-free pain reliever
- Cough drops/syrup
- Decongestant
- Topical anti-itch creams/sprays

10. Please list all allergies (Including food or drug.) (If your child's diet requires special accommodations due to allergies or intolerances, please contact Camp at least 2 weeks in advance.)

11. Please list the date your child received his/her last tetanus shot: _____

12. For females only:
 Has your daughter menstruated? _____
 If not, has she been told about it? _____
 If so, is her menstrual history normal? _____
 Comments: _____

13. Medical conditions (Check all that apply and include explanations here and/or at question #14 on back):

- Heart
- Kidney/Bladder
- Asthma/Lung Disease
- Ear Problems
- Stomach problems
- Frequent infections
- Skin Disorders
- Diabetes

Explanations: _____

14. Please use this space to share any other health information, behavioral issues, significant fears, or other items that may need special consideration or attention by the Camp Lutherhaven staff:

**Parent/Guardian Permission Agreement and
Release for Emergency Medical Treatment**

- I hereby state this health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above.
- I give permission for over-the-counter medication only as checked on page one, to be given to the person herein described as needed.
- I understand that campers at Lutherhaven are occasionally photographed/videotaped during camp activities and that tastefully selected photos/videos are used to publicly promote the Camp. I agree to permit the use of photos/videotapes containing images of my child for Camp promotional purposes, unless I have marked the box at the end of this statement to specifically deny such permission.
 Do not use photos/videotapes of my child for future publicity. (This may exclude your child from group photos.)
- In the event I cannot be reached in an emergency, I hereby grant permission for hospitalization and medical treatment for my child as needed and agree to the medical professional relying upon the above information in rendering their treatment.

X	_____ Parent/Guardian's Signature	_____ Date
----------	--------------------------------------	---------------

*A photocopy of this form may be used for offsite camp programs or day trips.
(i.e. Adventure Unlimited, Treetop Village, Discovery Week, Junior Servants, Servant Events)*



Camp Lutherhaven
A relational ministry in the midst of God's creation