

LUTHERLYN on LOCATION - Health History Form

Campers cannot attend camp sessions without a signed health history form.

Name _____ Birthdate _____ Age _____
Last First Initial

Parent, Guardian, or Spouse (self if over 18) _____ Work Phone _____

Home Address _____ Cell Phone _____
Address City State Zip

Second Emergency Contact _____ Work Phone _____

Home Address _____ Cell Phone _____
Address City State Zip

If the above are not available, contact: _____ Work Phone _____

Relationship _____ Cell Phone _____
Home Phone _____

Allergies to:

- MEDS

- FOODS

- OTHER

Physician _____ / _____ Phone _____
Name City, State

Medications (Explain dosage and reason, use reverse side if necessary) **NO MEDS**

Health Problems (Include Chronic Illness, Operations, or Serious Injury)

Required Immunizations

List date(s) for each Tetanus DPT or DT:

- Polio: _____
- Measles, Mumps, Rubella (MMR): _____
- Hepatitis B: _____
- Varicella – Chickenpox: _____

Dietary Concerns / Activity Restrictions

Additional information that may help us care for your child: (use other side if needed)

Insurance – A copy of the campers insurance card must be attached to this form

Health Insurance Company _____ Phone _____
Policy or ID# _____ Group Plan ID# _____
Name of Insured _____ D.O.B. _____
Insured's Employer _____ Employer (group) plan _____
Address for claims _____ I DO NOT currently have Health Insurance

Emergency Treatment and HIPAA Protected Information Release Authorization

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/my child and 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 treatment for, and to order injection and/or anesthesia and/or surgery for me/my child as named above. I hereby give permission to share the information on this health form with medical personnel providing treatment for me/my child. When it is in my/my child's best interest, I hereby give permission for those providing treatment to release information regarding the diagnosis, treatment, test results and other information to Lutherlyn. This form may be photocopied for use out of camp.

Signature of Parent/Guardian or Adult _____ Date: _____

This form is intended to help us provide a safe and enjoyable camp experience. Please fill out and return this form to Lutherlyn at least 2 weeks prior to the start of camp. Thank You!