

Rainbow Trail Lutheran Camp 2018 Day Camp Health History Form

This form needs to be completely filled out by a parent/guardian. It will be kept by the Church staff.

Name _____ Birthdate: _____ Age _____ Male ___ Female ___
Last first middle initial

Home Address _____

Parent/Guardian _____ Preferred Phone: (____) _____ Other Phone: (____) _____

Parent/Guardian _____ Preferred Phone: (____) _____ Other Phone: (____) _____

If unavailable in an emergency, please notify _____ Relationship _____ Phone: _____

Do you carry medical/hospital insurance? Yes ___ No ___ If so, please indicate:

Carrier _____ Group/policy number _____

Name of physician _____ Phone number _____

Date of last immunization for: Tetanus _____; DPT _____; Polio _____; Measles (MMR) _____

Please check and date any of the following, which have occurred to the camper or in the camper's family:

Conditions

- ___ Frequent ear infections
- ___ Heart disease/defect
- ___ Convulsions/seizures
- ___ Diabetes
- ___ Bleeding/clotting disorders
- ___ Hypertension
- ___ Mononucleosis
- ___ Psychiatric counseling

Diseases

- ___ Chicken pox
- ___ Measles
- ___ German Measles
- ___ Mumps

Allergies

- ___ Hay Fever
- ___ Ivy Poisoning, etc.
- ___ Insect Stings
- ___ Penicillin
- ___ Other drugs
- ___ Asthma
- ___ Other: _____

Please explain any of those checked in the space below:

Operations or serious injuries: (please list with dates)

Suggestions, any activity restrictions, or health-related information for camp personnel:

Will your child need to take a medication during Day Camp? _____

___ Collected by Day Camp Coordinator

My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian signature _____ Date _____

Signature of witness _____ Date _____

Camper's signature _____

