

2009 Camper Medical Information/Parental Permission Form

Camp Lutherhaven

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

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 (include food and drug):

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: _____
