

# 2010 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

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

- I hereby state that 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.
- 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.

<b>X</b>		
	Parent/guardian's signature	Date

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



**Camp Lutherhaven**

*A relational ministry in the midst of God's creation*