

# Rainbow Trail Lutheran Camp

## 2017 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	Diseases	Allergies
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Heart disease/defect	<input type="checkbox"/> Measles	<input type="checkbox"/> Ivy Poisoning, etc.
<input type="checkbox"/> Convulsions/seizures	<input type="checkbox"/> German Measles	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Bleeding/clotting disorders		<input type="checkbox"/> Other drugs
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Asthma
<input type="checkbox"/> Mononucleosis		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Psychiatric counseling		

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 \_\_\_\_\_