

St. John's Lutheran Church
1410 Ponce de Leon Ave | Atlanta, GA 30307 | 404.378.4243
www.stjohnsatlanta.org

SUMMER DAY CAMP HEALTH HISTORY FORM

Lutheridge+Lutherock Ministries, Inc. wants to provide your child with the best possible week at camp including spiritual, physical, and social growth. We are deeply committed to providing the best possible medical care for your child at Day Camp. You can help by carefully filling out this form. Health forms must be turned into Day Camp coordinator no later than the first morning of the Day Camp.

Each camper must have a completed health form on file or WILL NOT be admitted to Day Camp

PLEASE PRINT

Full Name of Camper _____
Last First MI

Gender _____ Birth date _____ Age _____

Date Attending Camp _____

Church Site _____

Camper's Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ E-Mail _____

Name (s) of Parent (s) or Guardian _____

Address _____ Phone _____

Employer _____ Phone _____

If I cannot be reached in an emergency call: _____

Relationship _____ Phone _____

Medical Treatment and Authorization For Treatment

The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge+Lutherock Ministries, Inc. (LLMI), its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. LLMI will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases LLMI and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

Printed Name _____ **Signature** _____ **Date** _____

Health Insurance

Carrier name _____

Carrier Address _____

Policy # _____ Phone _____

Policy Holder's Name & ID # _____ Policy Holder's Date of Birth _____

LLMI does not provide camper sickness insurance but does have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident of illness.

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Personal Information:

Please respond to the first two questions if you feel the information will be helpful to the camp staff.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp?
Any emotional upsets? _____

Is your child apprehensive about anything at camp? Any other suggestions or special information for the counselor?

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Activities from which the camper should be exempted for health reasons: _____

Does camper know how to swim? CIRCLE ONE NO Somewhat YES

Check of Give Date of Occurrence

Frequent ear infections _____ Heart defect/disease _____ Convulsions _____
Diabetes _____ Hypertension _____ Mononucleosis _____

Diseases

Chicken Pox _____ Measles _____ German Measles _____ Mumps _____
Asthma (circle degree of severity) severe moderate mild

Allergies

Please list any allergies, reactions and treatment given:

Name of Child's Physician _____ Phone _____
Address: _____

Camper Medication Form

THIS MUST BE FILLED OUT IF THE CHILD HAS ANY MEDICATIONS TO BE TAKEN DURING THE DAY. All medications (including aspirin, vitamins) must be checked in with the on-site director or local coordinator.

I give my permission for the Health Supervisor or designated person to keep and administer the following medications:

Signed _____ Date _____
Parent or Guardian Name

Name of Med. _____ Dosage _____ How often _____
Name of Med. _____ Dosage _____ How often _____

Any special information concerning this medication?