

# Lutheran Camp on Petit Jean Health Form Revised 1/04

**Camp Date** \_\_\_\_\_

Name (First,Middle,Last) \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Operations or injuries (dates) \_\_\_\_\_

Chronic/recurring illness or condition \_\_\_\_\_

Restrictions: Red Meat Pork Dairy Products Poultry Eggs Other \_\_\_\_\_

Explain **any** restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance?** Yes No (If no, please contact the camp office prior to attendance)

**• • Copy of Insurance Card Must be Attached • •**

**Medications Being Taken:** List all meds. (Including over-the counter) taken routinely.

*Bring enough in original packaging with complete instructions for entire camp period.*

Med. #1 \_\_\_\_\_ Dosage: \_\_\_\_\_ Times taken each day \_\_\_\_\_

Med. #2 \_\_\_\_\_ Dosage: \_\_\_\_\_ Times taken each day \_\_\_\_\_

Med. #3 \_\_\_\_\_ Dosage: \_\_\_\_\_ Times taken each day \_\_\_\_\_

Information about participant's behavior and physical, emotional, or mental health of which the camp should be aware: \_\_\_\_\_

**Health History**  
(give approximate dates)

\_\_\_\_\_ Frequent Ear Infections  
 \_\_\_\_\_ Heart Defect/Disease  
 \_\_\_\_\_ Convulsions  
 \_\_\_\_\_ Diabetes  
 \_\_\_\_\_ Bleeding/clotting Disorder  
 \_\_\_\_\_ Hypertension  
 \_\_\_\_\_ Mononucleosis

**Diseases**

\_\_\_\_\_ Chicken Pox  
 \_\_\_\_\_ Measles  
 \_\_\_\_\_ German Measles  
 \_\_\_\_\_ Mumps

**Allergies** (please check)

\_\_\_\_\_ Hay Fever  
 \_\_\_\_\_ Ivy Poisoning, etc.  
 \_\_\_\_\_ Insect Stings  
 \_\_\_\_\_ Penicillin  
 \_\_\_\_\_ Other Drugs \_\_\_\_\_

\_\_\_\_\_ Asthma  
 \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Staple Copy of Insurance Card Here (Front and Back)**

**Immunization History** Please record the date (month and year) of basic immunization and recent booster doses.

Vaccines	Year of Basic Immunization	Year Of Last Booster
DPT (Diphtheria Pertussis Tetanus)		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 2 day measles)		
Other		

**The following** can be given to my child if necessary: \_\_\_\_\_ Sudafed \_\_\_\_\_ Tylenol \_\_\_\_\_ Benadryl  
 \_\_\_\_\_ Cough Drops/Syrup \_\_\_\_\_ Aspirin \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Antacid \_\_\_\_\_ Pepto Bismol

**Medical Authorization:** This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp staff to administer medications; to provide first-aid treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for the person named above. (These completed forms may be copied.)

Signature of parent or guardian (or adult camper/staffer)  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

**Photo Release:** I give permission and consent to allow photographs, videotapes, and interviews to be taken during the camp session. I further consent that any such images or interviews may be published and used to illustrate and promote the Lutheran Camp on Petit Jean and the National Lutheran Outdoors Ministry Association.

Signature of parent or guardian (or adult camper/staffer)  
 \_\_\_\_\_  
 Date: \_\_\_\_\_