

# Lutherlyn - Health History Form

(To be completed by the parents/guardians of those under 18 and adults staying on site.)

**BRING WITH YOU TO SUNDAY REGISTRATION – PLEASE DO NOT MAIL IN ADVANCE.**

**Campers cannot attend without a signed health history form.**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Initial

**Parent, Guardian, or Spouse** (self if over 18) \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_

**Second Emergency Contact** \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_

If the above are not available, contact: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## Allergies to:

☐ MEDS

☐ FOODS

☐ OTHER

Relationship to camper: \_\_\_\_\_

**Physician** \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_  
Name City, State

## Medications

If your camper has medication, you must fill out the "Camper Medication List" and bring it with you to Sunday check-in with the medications.

## Health Problems

(Include diagnosis, chronic illness, surgery, serious Injury)

## Immunization Record

Year of most recent Tetanus DPT or DT: \_\_\_\_\_

☐ Polio

☐ Measles

☐ Mumps

## Dietary Concerns / Activity Restrictions

## Additional information that may help us care for your child: (use other side if needed)

(Females Only)

Has this person menstruated? \_\_\_\_\_

If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_

**Insurance – A copy of the front and back of the campers insurance card must be attached to this form**

☐ I DO NOT currently have Health Insurance

## Emergency Treatment and HIPAA Protected Information Release Authorization

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or anesthesia and/or surgery for me/my child as named above. I hereby give permission to share the information on this health form with medical personnel providing treatment for me/my child. When it is in my/my child's best interest, I hereby give permission for those providing treatment to release information regarding the diagnosis, treatment, test results and other information to Lutherlyn. This form may be photocopied for use out of camp.

Signature of Parent/Guardian or Adult \_\_\_\_\_

Date: \_\_\_\_\_ Witness \_\_\_\_\_

This form is intended to help us provide a safe and enjoyable camp experience. Please fill out and bring with you to Sunday check-in. DO NOT MAIL IN ADVANCE. Campers cannot attend camp sessions without a signed health history form. Thank You! rev.2018