

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

Campers cannot attend camp sessions without a signed health history form.

Name _____ Birthdate _____ Age _____ Gender _____
Last First Initial

Parent, Guardian, or Spouse (self if over 18) _____ Work Phone _____

Home Address _____ Cell Phone _____
Address City State Zip

Second Emergency Contact _____ Work Phone _____

Home Address _____ Cell Phone _____ Home Phone _____
Address City State Zip

If the above are not available, contact: _____ Work Phone _____

Relationship _____ Cell Phone _____ Home Phone _____

Allergies to:

- MEDS

- FOODS

- OTHER

Physician _____ / _____ Phone _____
Name City, State

Medications (Explain dosage and reason, use reverse side if necessary) **NO MEDS**

Health Problems (Include Chronic Illness, Operations, or 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 campers insurance card must be attached to this form

Health Insurance Company _____ Phone _____

Policy or ID# _____ Group Plan ID# _____

Name of Insured _____ D.O.B. _____

Insured's Employer _____ Employer (group) plan _____

Address for claims _____ 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 bring this form with you to the retreat. Campers cannot attend camp sessions without a signed health history form. Thank You! rev.2018