

# 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 \_\_\_\_\_  
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 fill out and return this form to Lutherlyn with your final payment at least **two weeks** prior to your arrival at camp. Campers cannot attend camp sessions without a signed health history form. Thank You! rev.2015