
Health and Medical Authorization

For:

Participant Information

Camper's Full Name

Gender

Birth Date (month/day/year)

Dates coming to camp (mm/dd/yy-mm/dd/yy)

Street Address

City

State

Zip

Parent/Guardian Information

Parent/Guardian Name

Primary Phone Number

Location while camper is at Luther Point (Home, Vacation, etc...)

Parent/Guardian Name

Primary Phone Number:

Location while camper is at Luther Point (Home, Vacation, etc...)

Who will be picking your child up

Emergency Contact Name & Relationship

Emergency Contact Home

Emergency Contact Cell

Allergies and Restrictions

Health and Medical Authorization (continued)

For:

Does your camper have any allergies? i.e. foods, medications, etc.

Yes

No

This camper is allergic to

Food

The environment (insect; stings; hay fever etc.)

Medicine

Other

Diet, Nutrition

This camper eats a regular diet

This camper has special food needs.

This camper eats a regular vegetarian diet

Restrictions

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.

Please describe below what the camper is allergic to and the reaction seen (Please state whether Gluten Intolerant or Celiac Disease please)

Please describe any special dietary needs

Please describe restrictions below

Insurance Information

This camper is covered by family medical/hospital insurance

Yes

No

Insurance Company

Policy Number

Subscriber

Insurance Company Phone Number

Name of insured and relationship

Medications

Medication

This camper will not take any daily medications while attending camp

This camper will take the following daily medication(s) while at camp

Name of Medication

Reason for Medication

Directions for dispensing medication

Name of Medication

Health and Medical Authorization (continued)

For: _____

Reason for Medication

Directions for dispensing medication

Name of Medication

Reason for Medication

Directions for dispensing medication

Check the medication(s) the camper should **NOT** be given. (All

Check the medication(s) the camper should **NOT** be given. (All medication listed are available through our Camp Medic and do not need to be brought with, unless it is needed more than 'as necessary.')

Health History

1. Had a recent infectious disease

Yes

No

Had chicken pox

No

Yes

Date

2. Had a recent injury

Yes

No

3. Ever been hospitalized

Yes

No

4. Have recurrent/chronic illnesses

Yes

No

5. Ever had surgery

Yes

No

6. Had frequent headaches

Yes

No

7. Wear glasses, contacts, or protective eyewear

Yes

No

8. Passed out/had chest pain during or after exercise

Yes

No

9. Had fainting or dizziness

Yes

No

10. Brought an orthodontic appliance to camp

Yes

No

11. Have any skin problems

Yes

No

12. Have diabetes

Yes

No

13. Had asthma/wheezing/shortness of breath

Yes

No

14. Had seizures

Yes

No

Health and Medical Authorization (continued)

For:

15. Have problems with diarrhea/constipation Yes No

16. Have problems with falling asleep/sleepwalking Yes No

17. If female, have problems with periods/menstruation Yes No

18. If she has not menstruated, has the process been explained Yes No

19. Have a history of bed-wetting Yes No

20. Had head lice in the last two months Yes No

21. If yes (for head lice), was proper treatment given Yes No

22. Has been tested for Tuberculosis (TB) Yes No

Date

23. Tuberculosis (TB) test results Negative Positive

Please explain "Yes" or "Positive" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Please provide any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

Medical Provider Information

Name of camper's primary doctor(s)

Phone

Name of dentist(s)

Phone

Name of orthodontist(s)

Phone

Authorization

For:

I understand and certify that my child's participation in Luther Point Bible Camp (LPBC) and its activities is completely voluntary and I have familiarized myself with LPBC's program and activities. I recognize that certain hazards and dangers are inherent in LPBC events and programs and I acknowledge that although LPBC has taken safety measures to minimize the risk of injury, LPBC cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by LPBC's rules, regulations and procedures for the safety of participants. I waive any claim against LPBC and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. LPBC assumes secondary insurance coverage. I assume primary coverage.

This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.

AUTHORIZATION FOR TREATMENT: In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the camper. In the event I cannot be reached, I hereby give permission to the medical personnel selected by Luther Point Bible Camp staff to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by Luther Point Bible Camp to secure and administer treatment, including hospitalization, for my child as named on this form.

AUTHORIZATION FOR TRANSPORTATION: I hereby give permission for my child to be transported for off-site outings.

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of LPBC and/or the ELCA.

COMPLIANCE WITH ELECTRONICS POLICY: I understand that LPBC does not allow any electronic devices except cameras and I certify that I have ensured my child's compliance with this policy.

Signature of Custodial Parent/Guardian.

By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature.

Signature _____

Date _____