LUTHER CREST BIBLE CAMP
HEALTH FORM AND PERMISSION TO PARTICIPATE 2010 (RESIDENTIAL CAMPER)

Please complete the following health form and **BRING** it with you to camp. A complete health history **IS** necessary, and campers **MUST** have a **signed** and **completed** health form to attend camp. A physical is required **ONLY** if there are any health problems, activity limitations, or if the camper is under doctor's care while attending camp. If the camper is required to have a physical for camp attendance, and has had one within the last 12 months, then a photocopy of the signed physical may be attached to this form.

Camper Name: ____
Last First Middle Initial

Mailing Address: ____

City, State, ZIP: ____

Gender: ___________ Age: _________ Birth Date: _____________ Grade Completed ('09-'10 School Year): _______

Parent Contact Information: We will call you if an emergency should arise requiring professional medical treatment or if we have questions about your child. Please provide contact information for others who know your child and with whom we may consult if you are not available. We will assume you have spoken with these individuals and they are willing to assist if needed.

Parent/Guardian: ______________________________ Day Phone Number: ____________________

Relationship: ____________ Evening Phone Number: ______________ Cellular Phone Number: _____________

Alternate Contact: ______________________________ Day Phone Number: ____________________

Relationship: ____________ Evening Phone Number: ______________ Cellular Phone Number: _____________

Insurance/Billing Information: In the event of an accident or injury requiring medical attention, your personal insurance will be considered **PRIMARY CARRIER**. Items not covered by your insurance may be referred to Luther Crest for secondary coverage.

Company Name: ________________________ Policy Number: ______________________________

Company Address: ____

In the event the above named camper needs to see a Doctor while at camp, the bill should be sent directly to:
*(Please **Check one**)* □ To the Parents □ To the Parents' Health Insurance Company
(***Be sure above information is accurate when checking this option***)

Health History: Luther Crest uses this information to 1) Provide health care with an informed background about your child; 2) Educate counseling staff about their respective camper needs; and 3) Brief kitchen staff about dietary needs.

Allergies: Check those which apply to this camper.

- □ This camper has no known allergies.
- □ This camper has an allergy to the following food(s): ______________________________
  Does this cause anaphylaxis? □ Yes □ No Describe the reaction if this food is eaten and what can be done to manage it:
  ____
- □ This camper is allergic to the following medication(s): ______________________________
- □ This camper is allergic to the following substance(s): ______________________________
  Does this cause anaphylaxis? □ Yes □ No Describe the reaction and what can be done to manage it:
  ____

Dietary Modifications: We can work effectively with medically prescribed diets if notified 2 weeks prior to camper's arrival; however we cannot cater to individual food preferences. Please call if you have a question about diet.

- □ This camper eats a regular and varied diet. □ This camper is a vegetarian.
- □ This camper is lactose intolerant (Check one):
  - □ This camper uses a Lactase Enzyme and/or can appropriately manage this intolerance.
  - □ This camper needs a lactose-free diet, including baked items.
- □ Other (please describe) ____

General Health History: This camper has had:

□ Mononucleosis □ Chicken Pox □ Measles
□ Mumps □ Hay Fever □ German Measles
□ This camper has hearing within normal ranges. □ This camper has vision within normal range.
□ This camper frequently gets up at night to use the bathroom. □ This camper typically makes noise while sleeping.

This camper is free from illness, injury, or surgery which would affect participation…..□ Yes □ No
Females: This camper has been told about menstruation and/or has a regular history…..□ Yes □ No

Chronic Health Concerns: Check all that pertain to this camper and provide information that would aid in providing supportive health care and a supportive environment.

- □ This camper has no chronic concerns and is capable of full participation.
- □ This camper has the following chronic concern(s):

□ Asthma	□ Diabetes	□ Heart Defect/Disease	□ Seizure Disorder
□ Headaches	□ Sleepwalking	□ Hypertension	□ Bleeding/Clotting Disorder
□ Bedwetting	□ Menstrual Cramps	□ Frequent Ear Infections	□ Frequent Colds

□ Other (please describe) ____

Additional Information about checked item(s): ______________________________________

Mental/Emotional Health Concerns: Check "Yes" or "No" for each statement.

This camper has an emotional health concern……………………………………………………□ Yes □ No
This camper has a learning disability………………………………………………………..□ Yes □ No
This camper has been diagnosed with Attention Deficit Disorder (ADD or ADHD)……..…………□ Yes □ No
This camper has been diagnosed with depression, panic or anxiety disorder, OCD…………………..□ Yes □ No
This camper has been or is currently under professional care for emotional/mental concerns…..……□ Yes □ No

If "yes" was answered to anything in this section, please attach a statement if any special considerations should be taken.

Medication: Please complete all required information. All medications MUST be in the original pharmacy containers and labeled appropriately. Campers MUST turn in all medications, vitamins and over-the-counter drugs to the Health Care Person upon arrival. For the safety of your child and other campers self-medicating is not allowed.

- □ This camper does not take any medication.
- □ This camper takes routine medication (please complete the following):

Name of Medication: ____________________	Name of Medication: ____________________
Reason: ____________________	Reason: ____________________
Dose: ____________________	Dose: ____________________
Time(s) of Day: ____________________	Time(s) of Day: ____________________

Immunization: Please note month and year of the shots or the most recent booster.

DTP: Diphtheria, Tetanus, Pertussis	____________	Td: Tetanus Booster	____________
MMR: Measles, Mumps, Rubella	____________	IVP/OPV: Polio	____________
Typhoid	____________	HepB: Hepatitis B	____________
Hib: Influenza, type B	____________	Others:	____________

Doctor/Dentist Contact Information:

Name of Camper's Physician______________________________ Phone ________________
Name of Camper's Dentist/Orthodontist______________________________ Phone ________________

*****The privacy of your child is very important to us. This Health Form and the information contained herein are only shared with a camper's Counselor, the Health Care Manager, the Camp Directors, and Hospital/Clinic Staff if required. This form will be securely stored in Luther Crest's records for 20 years, at which time it will be destroyed.*****

My child has permission to participate in all aspects of the program of Luther Crest Bible Camp and I agree that the camp or its personnel will not be held responsible for accidents arising from participation. I also give permission for any pictures or video taken of my child to be used for promotional purposes.

IMPORTANT: This form *must* be signed for camp attendance.

Parent/Guardian Authorization for Health Care: This Health Form is complete and correct, and the person described has permission to engage in all camp activities except as noted by me and/or the examining physician. I give permission to the camp to: 1) provide ongoing health care, and 2) select medical personnel and to order X-rays or routine tests or treatment for the camper listed above. In the event that I cannot be reached in an EMERGENCY, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I understand that information about my child's health will be shared with the appropriate counseling, food service, or other Luther Crest staff. This form may be photocopied for use out of camp.

Signature of Parent/Guardian: ______________________________Date: ________________