

Child Health Information

Name _____ X Grade Completing: _____

We will call when there is a question about your child's health and/or in an emergency. PLEASE CALL THE CHURCH IF YOUR CHILD WILL BE ABSENT ON ANY GIVEN DAY AT 515-832-2220

Any Allergies & type of reaction:

Any Medical Needs(Asthma, Medication, Behavioral, etc.)

I agree that the camp and its staff will not be held responsible for accidents or personal injury arising there from. I also give permission for any photography taken of my child to be used for camp promotional purposes for Lutheran Lakeside Camp and the hosting Day Camp Church.

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that the staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Parent/Guardian Signature: _____ Date _____