

Kids Going into Grades 1-6

Return Completed Form to
Due by
Questions?

Health History Form for Short-Term Campers (Day Camp)

Camper Name: _____
 First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Boy Girl
 Parent/Guardian: _____ Phone: () _____ Cell: () _____

About health care for short-term camper stays: Campers should bring and use insect repellent (min. 30% DEET) and sun screen (min. 30 SPF).

Date (month & year) of your child's most recent tetanus immunization _____

1. **Is this child allergic to any food or medication?** Yes No
 If YES, names of items and reactions: _____
2. **Does this child have asthma?** Yes No If YES, what triggers your child's asthma? _____
 If YES, will your child carry a rescue inhaler during the camp session? Yes No
 If YES, does your child need staff help to use that rescue inhaler? Yes No
3. We will call when there is a question about your child's health and/or in an emergency. **Provide contact information for a custodial parent** who will be available via phone while your child is attending our program.
 Name of Parent: _____ Phone: () _____
4. **List the medications that your camper takes on a routine basis:** _____ This camper takes no routine medication.
 a. Med: _____ Reason for taking this: _____
 b. Med: _____ Reason for taking this: _____
5. **What else should we know about your child?** Please write additional information about your child's health that may impact your child's participation in our program: _____

Parent/Guardian Authorization

My child _____ has permission to engage in all prescribed camp activities except as noted. I give permission to Lutheran Lakeside Camp to use photographs, video and audio recordings of my child in camp publicity and to transport my child as needed for camp activities. I give permission for forms to be copied for activities occurring off of camp property. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I hereby give permission to medical personnel selected by the camp director to order treatment and necessary transportation for my child. I understand that the camp has limited healthcare on site that that staff will call the indicated parent/guardian when necessary. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel to secure and administer emergency medical treatment, including hospitalization for my child and understand that I am responsible for all costs of treatment (through insurance or otherwise).

Parent Signature _____ Date _____

Lutheran Lakeside Day Camp and 1 Day event Registration Form

(Please use dark ink.)

Name (in ink) _____ Birthdate _____ Sex: M/F Grade Completing _____
 Address _____ City _____ State _____ Zip _____
 Parent/Guardian Name _____
 Home Phone () _____ Work Phone () _____ Other Phone () _____
 Emergency Name _____ Emergency Phone () _____
 Email _____ Home Church _____ Church Town _____
 Program I am registering for _____ Date _____

To the best of my knowledge, all information for the person(s) described herein is correct. I give permission for these persons to participate in all camp activities, including ropes courses, rock climbing, sailing, etc., except as noted here: _____ and agree that the camp or its staff will not be held responsible for accidents or personal injury arising therefrom. I also grant permission for any photos of me, my child, or my family to be used for promotional purposes for Lutheran Lakeside Camp and ELCA Outdoor Ministries. I also agree that my child, family, or self is covered by family / medical insurance or that, in case they are not, I/we shall cover the cost of health care should the need arise.

Signature of parent/guardian of camper _____ Date _____

\$10 child