## LUTHER CREST BIBLE CAMP HEALTH FORM AND PERMISSION TO PARTICIPATE Day Camp 2022

Please complete the following health form. Campers MUST have a signed and completed health form to attend camp.

Camper Name:		First		Middle Initial
Mailing Address:				widdle filidai
City, State, ZIP:				
-				Completed ('21 - '22 School Year):
Parent/Guardian:			Day Phone l	Number:
			-	ell Phone Number:
considered PRIMARY CA		-		ical attention, your personal insurance will be
In the event the (Please Check				the bill should be sent directly to: rents' Health Insurance Company
Health History: Luther	Crest uses this informati	2) Educat	e counseling staf	h an informed background about your child; ff about their respective camper needs; at dietary needs (onsite only).
-	no known allergies.			ance(s):
	llergies this cause anaphtion(s) and what can be d			tional information if needed):
General Health Histor  Mononucleosis  Mumps  This camper has heari This camper is free from	□ Chicken Pox □ Hay Fever ng within normal ranges.			nas vision within normal range.
health care and a supportive This camper has to Asthma  Hypertension  Other (please d	e environment. no chronic concerns and he following chronic con  Diabetes Frequent Colds escribe)	is capable of full partincern(s):	cipation. sease	nation that would aid in providing supportive  □ Seizure Disorder □ Bleeding/Clotting Disorder

Mental/Emotional Health Concerns: Check "Yes"	(21 %)
This camper has a learning disability	Yes □ No Yes □ No
	All medications MUST be in the original pharmacy containers and labeled amins and over-the-counter drugs to the Health Care Person upon arrival. For is not allowed.  □ This camper takes routine medication (complete the following):  Name of Medication:  Reason:  Dose:  Time(s) of Day:
<b>Immunization:</b> Please note month and year of the shots	s or the most recent hooster
DTP: Diphtheria, Tetanus, Pertussis	Td: Tetanus Booster
MMR: Measles, Mumps, Rubella	Others:
Doctor/Dentist Contact Information: Name of Camper's Physician	Phone
THIS FORM <u>MUST</u> BE	SIGNED FOR CAMP ATTENDANCE.
Parent/Guardian Authorization for Health Care: This I to engage in all camp activities except as noted by me an ongoing health care, and 2) select medical personnel and the event that I cannot be reached in an EMERGENCY, I g secure proper treatment for, and to order injection, anesthes	SIGNED FOR CAMP ATTENDANCE.  Health Form is complete and correct, and the person described has permission d/or the examining physician. I give permission to the camp to: 1) provide to order X-rays or routine tests or treatment for the camper listed above. In give permission to the physician selected by the Camp Director to hospitalize, sia, or surgery for my child named above. I understand that information about eling, food service, or other Luther Crest staff. This form may be photocopied
Parent/Guardian Authorization for Health Care: This I to engage in all camp activities except as noted by me an ongoing health care, and 2) select medical personnel and the event that I cannot be reached in an EMERGENCY, I greater proper treatment for, and to order injection, anesthes my child's health will be shared with the appropriate counse for use out of camp.  Parent/Guardian Permission to Participate: My child he Crest Bible Camp and I agree that the camp or its personn	Health Form is complete and correct, and the person described has permission d/or the examining physician. I give permission to the camp to: 1) provide to order X-rays or routine tests or treatment for the camper listed above. In give permission to the physician selected by the Camp Director to hospitalize, sia, or surgery for my child named above. I understand that information about