

# Rainbow Trail Lutheran Camp

## 2019 Day Camp Health History Form

\*\*This form needs to be completely filled out by a parent/guardian. It will be kept by the Church staff.

Name \_\_\_\_\_  
(last) (first) (middle initial)

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

If unavailable in an emergency, please notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Do you carry medical/hospital insurance? Yes \_\_\_ No \_\_\_ If so, please indicate:

Carrier \_\_\_\_\_ Group/policy number \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone number \_\_\_\_\_

Date of last immunization for: Tetanus \_\_\_\_\_; DPT \_\_\_\_\_; Polio \_\_\_\_\_;  
Measles (MMR) \_\_\_\_\_

Please check and date any of the following, which have occurred to the camper or in the camper's family:

Conditions Diseases Allergies

___ Frequent ear infections	___ Chicken Pox	___ Hay Fever
___ Heart disease/defect	___ Measles	___ Ivy Poisoning, etc.
___ Convulsions/seizures	___ German Measles	___ Insect Stings
___ Diabetes	___ Mumps	___ Penicillin
___ Bleeding/clotting disorders		___ Other drugs
___ Hypertension	___ Asthma	___ Psychiatric counseling
___ Mononucleosis		

Other: \_\_\_\_\_

Please explain any of those checked in the space below:

\_\_\_\_\_

Operations or serious injuries: (please list with dates)

\_\_\_\_\_

\_\_\_\_\_

Suggestions, any activity restrictions, or health-related information for camp personnel:

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Will your child need to take a medication during Day Camp? \_\_\_\_\_

\_\_\_\_ Collected by Day Camp Coordinator

**My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.**

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of

Witness \_\_\_\_\_ Date \_\_\_\_\_

Camper's Signature \_\_\_\_\_