

Rainbow Trail Lutheran Camp

2023 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 _____ Gender _____

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:

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 _____