

For Office Use

Health History and Examination Form for Children, Youth and Adults Attending Camps

FM 08N

June 11-13, 2010

Dates of Camp Attendance _____

Mail this form to the address below by _____ (date)

Please turn this form into Rob (church office) by: MAY 28, 2010

Suggested for resident camp use.

Developed and approved by
American Camping Association®
American Academy of Pediatrics

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by parents/guardians of minors or by adults themselves.

Update required annually. Health exam (back page) must be completed by approved licensed medical personnel at least every two years.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street Address City State Zip

Gender: Male Female

Custodial parent/guardian _____ Phone _____

Home address _____
(if different from above) Street Address City State Zip

Business address _____ Phone _____
Street Address City State Zip

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street Address City State Zip

Business address _____ Phone _____

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

► Photocopy of front and back of health insurance card must be attached to this form.

Important — These boxes must be complete for attendance*

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal

representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Year

CAMP45 2010

Cabin or Group

Name

Health History

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the

completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list) — include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/

bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS

The following restrictions apply to this individual.

Dietary

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>			
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			
16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had? <input type="checkbox"/> Measles <input type="checkbox"/> Chicken pox <input type="checkbox"/> German measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C TB Mantoux Test Date of last test _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Please give all dates of immunization for: Vaccine: Dates: Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr DTP _____ TD (tetanus/diphtheria) _____ Tetanus _____ Polio _____ MMR _____ or Measles _____ or Mumps _____ or Rubella _____ Haemophilus influenza B _____ Hepatitis B _____ Varicella (chicken pox) _____
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Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Over-The-Counter Medication Permission Form

- Adults 18 and over do not need to fill this page out. -

Please Check One Of The Following:

____ **I do not give permission** for any over-the-counter medications to be administered to my child while attending Camp45.

____ **I hereby give my permission** for the following over-the-counter medications to be administered to my child while attending Camp45.

Please place your initials next to each medication you give permission for the adult leaders to administer to your child. Dosages will be based on child's age/weight according to the medication's dosage recommendations. No medication will be given to your child without permission.

MEDICATION	INITIALS
Pepto-Bismol	
Regular Strength Acetaminophen (Tylenol)	
Children's Strength Acetaminophen (Tylenol)	
Ibuprofen (Advil)	
Children's (Advil)	
Benadryl	
Pseudoephedrine (Sudafed)	

Current Weight (lbs) _____

Signed: _____

Date: _____

Relationship to child: _____

CAMP45 COVENANT

As a child or an adult attending this camp, representing our congregation, I agree:

1. To participate fully in the camp experience by staying with the group and willing to try new activities.
2. To be respectful of other campers, which includes following LOMC rules.
3. To accept the adult staff as the people in charge of our group and to be respectful of their authority.
4. To respect the staff of LOMC, and other campers during our weekend at LOMC.
5. To behave in a manner that would be expected of a Christian person, representing my faith and my church in appropriate ways.
6. Adult staff are expected to actively participate in the camp and serve as a positive role model for our young people.

**PLEASE SIGN BELOW
AND RETURN PRIOR TO DEPARTING FOR CAMP:**

Camper Signature

Parent(s) Signature/Adult Leader Signature

LIABILITY RELEASE FORM - Camp45

Release of All Claims and Promotional Use

In consideration for being accepted by **St. John's Lutheran Church** for participation in **Camp45**, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless St. John's Lutheran Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear by (name of church). I understand that these materials are being used for promotion of the ministry of (name of church), which includes recruitment and fund-raising efforts.

I release (name of organization) from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment, or fund-raising program.

(If the participant has not attained the age of 21 years):

We (I) am/are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

(If participant is under 21, both parents must sign unless parents are separated or divorced,
in which case the custodial parent must sign.)

Please Sign:

Mother _____ date _____

Father _____ date _____

Legal Guardian _____ date _____

Participant or Leader (if 21 or older) _____ date _____