

Health History Form

Luther Park Bible Camp, PO Box 153, Chetek, WI 54728

Program Attending: _____

Camper ID _____

Complete this form and return it to Luther Park no later than two weeks prior to the start of your camp session.

Camper Name _____ Last _____ First _____ Gender: Male Female

Birth date _____ Grade Completed _____

Custodial Parent/Guardian Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Second Parent/Guardian Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Emergency contact, if parent/guardian is not available _____ Phone _____

INSURANCE INFORMATION

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

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

A photocopy of the front and back of your health insurance card must be attached to this form.

ALLERGIES (List all known)

Describe reaction and management of the reaction

Medication allergies

Food allergies

Other allergies (include insect stings, hay fever, asthma, etc.)

MEDICATIONS

Please list all medications (including non-prescription drugs). Prescription drugs must be in the original container that identifies the name of the prescribing physician, the name of the medication, the dosage and how often it is to be taken. All medications, except inhalers and epi-pens, will be retained by camp staff and administered to campers at the appointed times.

This person takes NO medications on a routine basis OR 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 _____

(Continued on the back)

Year

First

Last

Name

HEALTH HISTORY and IMMUNIZATIONS

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Asthma
- Epilepsy
- Heart Trouble

Vaccine	Dates of Immunizations
DPT: diphtheria, pertussis, tetanus or	
TD: tetanus, diphtheria	
TETANUS	
POLIO	
MMR	
HEPATITIS B	
VARICELLA (chicken pox)	
TB: tuberculin test	
HIB: haemophilus influenza B	

RESTRICTIONS

Explain any restrictions to activity or diet: _____

Please provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

My child has permission to engage in all camp activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment of, to order injection, anesthesia or surgery for my child. I voluntarily waive any claim against Luther Park Bible Camp, Inc. and camp personnel for any mishap or lost articles, or any and all causes that may arise in connection with activities of the above Organization, and consent to the use of photographs of my child in camp publications. The completed forms may be photocopied for trips out of camp.

Signature of Parent/Guardian _____ Date _____