## LUTHER CREST BIBLE CAMP HEALTH FORM AND PERMISSION TO PARTICIPATE Day Camp 2023

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

Camper Name:			
			Middle Initial
Gender:A	ge: Birth Date:	G	rade Completed ('22 - '23 School Year):
Parent/Guardian:		Day Ph	none Number:
Relationship:	Evening Phone Numbe	r:	Cell Phone Number:
considered <b>PRIMARY CAR</b> Company Name:			
In the event the ab		see a Doctor while at ca	amp, the bill should be sent directly to: ne Parents' Health Insurance Company
Allergies/Food Restrictio  This camper has no		<ul><li>2) Educate counseling</li><li>3) Brief kitchen staff</li><li>to this camper.</li></ul>	e with an informed background about your child; g staff about their respective camper needs; about dietary needs (onsite only).
	rgies this cause anaphylaxis? n(s) and what can be done for		additional information if needed):
General Health History:   Mononucleosis  Mumps  This camper has hearing This camper is free from ill	<ul><li>□ Chicken Pox</li><li>□ Hay Fever</li></ul>		per has vision within normal range.
health care and a supportive e  This camper has no compared to the compared to	nvironment.  Chronic concerns and is capabl  following chronic concern(s):  Diabetes	e of full participation. art Defect/Disease quent Ear Infections	□ Seizure Disorder □ Bleeding/Clotting Disorder

Mental/Emotional Health Concerns: Check "Yes" of This camper has an emotional health concern.  This camper has a learning disability	□ Yes □ No □ Yes □ No	
This camper has been diagnosed with Attention Deficit Dis	sorder (ADD or ADHD) Yes $\square$ No ttach a statement if any special considerations should be taken	
Medication: Please complete all required information. appropriately. Campers MUST turn in all medications, vitates the safety of your child and other campers self-medicating  This camper does not take any medication.	All medications MUST be in the original pharmacy containers and labeled mins 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:	
Name of Medication:	Reason:	
Reason:	Dose:	
Dose:	Time(s) of Day:	
Time(s) of Day:	Time(s) of Day.	
Immunization: Please note month and year of the shots DTP: Diphtheria, Tetanus, Pertussis MMR: Measles, Mumps, Rubella Doctor/Dentist Contact Information:	or the most recent booster.  Td: Tetanus Booster Others:	
Name of Camper's Physician	Phone	
THIS FORM <u>MUST</u> BE	SIGNED FOR CAMP ATTENDANCE.	
Parent/Guardian Authorization for Health Care: This Health Care: T	Lealth 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	
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	o order X-rays or routine tests or treatment for the camper listed above. In ive permission to the physician selected by the Camp Director to hospitalize, ia, or surgery for my child named above. I understand that information about cling, food service, or other Luther Crest staff. This form may be photocopied	
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 my child's health will be shared with the appropriate counse for use out of camp.  Parent/Guardian Permission to Participate: My child have Crest Bible Camp and I agree that the camp or its personner.	o order X-rays or routine tests or treatment for the camper listed above. In ive permission to the physician selected by the Camp Director to hospitalize, ia, or surgery for my child named above. I understand that information about	

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