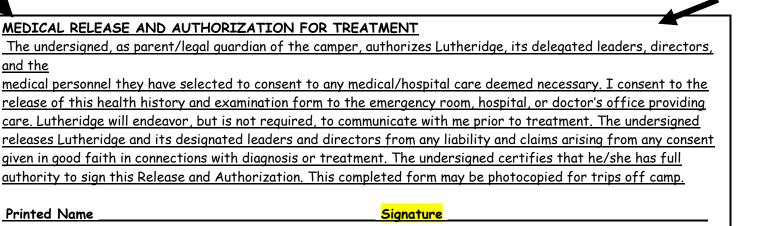


## LUTHERIDGE \*FAITH ALIVE! \* CAMPER HEALTH FORM

## PLEASE COMPLETE THE ENTIRE FORM AND SEND TO US! Each camper must have a completed health form to be admitted to a Lutheridge program.

Camper Name								
Last Birth Date	First Grade	MI □ Male □ Female						
Parent/Guardian Names(s)	Relationship							
Home Address		City						
StateZip	Email Address:							
Please list phone numbers in the or	der we should call them if we need to ge	t in touch with you during the retreat:						
First Phone	First Phone Second Phone							
Third Phone								
IF PARENT/GUARDIAN	N IS NOT AVAILABLE IN AN EME	RGENCY, PLEASE CONTACT:						
mergency Contact #1 Relationship								
Phone Number: Email Address:								
Emergency Contact #2	Re	lationship						
	e Number: Relationship Email Address:							
Physician name	Phone							
Dentist name	ne Phone							
	1 ovide camper sickness insurance but does have ardian is responsible for all charges associate							
Carrier Address		<del></del>						
		Phone						
	Policy Hold							
If you have an Rx card Bin #	ID#	<i>G</i> roup #						



## IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE A PARENT/GUARDIAN MUST SIGN THE MEDICAL RELEASE/AUTHORIZATION! A SIGNED RELEASE IS A PREREQUESITE TO PARTICIPATE IN CAMP!!

Date

HEALTH HI	ISTORY: Has/doe	s the participant	:	Yes	No	Yes				
Had any rece	ent injury, illness or	infectious disease	□		Ever had high blood pressure					
Have a chron	nic or recurring illne	ss/condition			Ever had back problems					
	nt headaches				Ever had joint problems (knees, ankle)					
Ever had a he	ead injury				Have any skin problems					
Have frequen	nt ear infections				Had mononucleosis in the past 12 months $\Box$					
Ever passed	out during or after	exercise			Have problems with sleepwalking 🗆					
Ever had che	st pain during or af	ter exercise			Have a history of bed-wetting 🗆					
Ever had seiz	zures				Ever had an eating disorder					
Ever had an o	operation				Been diagnosed as ADD or ADHD $\Box$					
Please explain any "yes"										
responses_										
Are there o	any special health	concerns of which	The no	ursing s	taff should be aware?					
Allergies:	□Hay Fever	□ Poison Ivy	□Ins	sect Sti □Othe	<b>9</b>					
Asthma:	☐ Severe	□Mod	derate		Mild					
Triggers? _										
Nutritional/dietary restrictions:										
Diabetic?	□No □Yes	Vegetarian?	□No	□Yes						
Has the car	nper had any of tl	ne following:	□Meas	sles	□Chicken Pox □Mumps □ German M	easles				

	•	ast immunizations/boo TD (Tetanu:	-	Hepatitis B	HIB
Is camper current If "yes", what med		rescribed medicine?	□Yes	□No	
(The person who b	orings the camp	er will sign a medicati	ion authoriz	ation form. Dosage ins	structions must match those
		PHARMACY	LABELS I	AINERS WITH THE NTACT.	-
		an help us serve you			**********
Is this your child	d's first time	at sleep-away camp?	?	at Lutheridg	ge?
How does your c	hild feel abou	t attending this ret	reat?		
What is your chi	ild most lookir	ng forward to about	this retre	at?	
What concerns/	fears does yo	ur child have about	this retre	a <b>t</b> ?	
-			_	t come up in cabin ti and helpful to your c	me or group discussion? :hild?
Is there anythin	g else that w	e should know?			

THANKS FOR TRUSTING YOUR CHILD TO US FOR THIS FUN, FAITH-BUILDING RETREAT!