



## Health Form for Programmed Retreats at Camp Lutherhoma

For:

### General Information

Allergies:

This camper is allergic to

Food

The environment (insect; stings; hay fever etc.)

No Known Allergies

Medicine

Other

Please describe below what the camper is allergic to and the reaction seen

### Diet, Nutrition:

Diet and Nutrition

This camper eats a regular diet

This camper is lactose intolerant.

This camper eats a regular vegetarian diet

This camper is gluten intolerant.

Please describe below

### Restrictions:

Restrictions

I have reviewed the program and activities of the camp and feel this camper can participate without restrictions

I have reviewed the program and activities of the camp and feel this camper can participate with the following restrictions or adaptations.

Please describe below

### Medical Insurance Information

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For:

This camper is covered by family medical/hospital insurance  Yes  No

Insurance Company

Policy Number

Subscriber

Insurance Company Phone Number

Immunization History:

Minimum immunization requirements up to date for this attendee  All are up to date  Some are not up to date

Please explain if "Some are not up to date"

Tetanus booster\* (dT) or (Tdap)

Most Recent Dose Month/Year

Medication:

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Check the Non-Prescription Medication(s) the camper can be given.

- |  |  |
|--|--|
| <input type="checkbox"/> Ibuprofen (Advil; Motrin)                                 | <input type="checkbox"/> Dextromethorphan cough syrup (Robitussin DM)                  |
| <input type="checkbox"/> Acetaminophen (Tylenol)                                   | <input type="checkbox"/> Generic cough drops   |
| <input type="checkbox"/> Phenylephrine decongestant (Sudafed PE)                   | <input type="checkbox"/> Antibiotic cream  |
| <input type="checkbox"/> Antihistamine/allergy medicine                            | <input type="checkbox"/> Bismuth subsalicylate for diarrhea (Kaopectate; Pepto-Bismol) |
| <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (Benadryl) | <input type="checkbox"/> Antacid (TUMS etc.)   |
| <input type="checkbox"/> Laxatives for constipation (Ex-Lax)                       | <input type="checkbox"/> Hydrocortisone Cream  |
| <input type="checkbox"/> Pseudoephedrine decongestant (Sudafed)                    | <input type="checkbox"/> Ear Drying Aid(Swim Ear Drops)                                |
| <input type="checkbox"/> Guaifenesin cough syrup (Robitussin)                      |  |

General Health History: Check 'Yes' or 'No' for each statement. Explain 'Yes' answers below.  
Has/Does the camper...

Ever been hospitalized  
 Yes  No

Ever had surgery

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For:

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Yes  No

Have recurrent/chronic illnesses

Yes  No

Had a recent infectious disease

Yes  No

Had a recent injury

Yes  No

Traveled outside the country in the past 9 months

Yes  No

Ever had back/joint problems

Yes  No

Had asthma/wheezing/shortness of breath

Yes  No

Have diabetes

Yes  No

Had seizures

Yes  No

Had headaches

Yes  No

Wear glasses, contacts, or protective eyewear

Yes  No

Had fainting or dizziness

Yes  No

Passed out/had chest pain during exercise

Yes  No

Have problems with falling asleep/sleepwalking

Yes  No

Have a history of bedwetting

Yes  No

Have problems with diarrhea/constipation

Yes  No

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Have any skin problems such as sensitivity to latex, band aids, or certain types of sunscreen?

Yes

No

Please explain "Yes" answers in the space below. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Is there anything we should know about the attendee's mental, emotional, or social health. If Yes, please explain.

Yes

No

Please explain "Yes" answers in the space below. The camp may contact you for additional information.

Experienced a significant life event that continues to affect the camper's life?

Yes

No

Please explain "Yes" answers in the space below. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s)

Phone

What Have We Forgotten to Ask?

What else do you want us to know about the attendee to help him/her have a successful experience at camp?

Authorization for Health Care:

Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a 'need to know' basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Adult Authorization for Health Care: This health history is correct and accurately reflects the health status of the attendee to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to my health for both routine health care and in emergency situations. I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery. I understand the information on this form will be shared on a 'need to know' basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my health record from providers who treat me and these providers may talk with the program's staff about my health status.

*Health Form for Programmed Retreats at Camp Lutherhoma (continued)*

For:

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I have read the Authorization for Health Care section and agree that the contents of this health form accurately reflects the health status of the individual to whom it pertains and I give authorization for health care as listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_