



# Lutherdale

## Retreat Registration and Health Form

This form may be copied. Use a separate form for each camper.

Health information on this form is gathered to assist us in identifying appropriate care.

**NOTE:** A \$25 non-refundable deposit must be returned with this form in order to secure reservation.

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Gender \_\_\_\_\_ Current grade \_\_\_\_\_ Birth date \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Program Event** \_\_\_\_\_ **Date** \_\_\_\_\_

### Health History

(Give approximate dates.)

Diseases/Conditions:

- \_\_\_\_\_ None
- \_\_\_\_\_ Ear Infections
- \_\_\_\_\_ Heart Defect/Disease
- \_\_\_\_\_ Seizures
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Bleeding/Clotting Disorders
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Measles
- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ German Measles
- \_\_\_\_\_ Mumps
- \_\_\_\_\_ Hepatitis

### Food Allergies

_____ No	_____ Life Threatening	
_____ Dairy	Yes	No
_____ Grain	Yes	No
_____ Eggs	Yes	No
_____ Seafood	Yes	No
_____ Meat	Yes	No
_____ Peanuts	Yes	No
_____ Other Nuts	Yes	No
Other _____		

### Medical Allergies

_____ None	_____ Life Threatening	
_____ Hay Fever	Yes	No
_____ Bee Stings	Yes	No
_____ Penicillin	Yes	No
_____ Other Drugs	Yes	No
Other _____		

### Emergency Information

Emergency Contact Person \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Family Doctor \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_

### Immunizations ( ✓ if current or up to date)

\_\_\_\_\_ DPT Permanent Shots  
 \_\_\_\_\_ TD (tetanus/diphtheria)  
 \_\_\_\_\_ Tetanus booster (MM/YYYY) \_\_\_\_\_  
 \_\_\_\_\_ Polio Immunization  
 \_\_\_\_\_ MMR (Measles, Mumps, Rubella)  
 \_\_\_\_\_ Hepatitis B  
 Pos  Neg Tuberculosis Test

**Do we have your permission to administer to your child as needed:** Benedryl, Antacid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold Medicine, Antihistamines?

Please initial next to your answer \_\_\_\_\_ No \_\_\_\_\_ Yes  
(Any Exceptions) \_\_\_\_\_

Chronic or recurring illness or medical condition that may affect camp life \_\_\_\_\_

**Dietary restrictions (i.e. vegetarian, lactose intolerant)** \_\_\_\_\_

Other suggestions that may help make your camper's week more comfortable and enjoyable (fears, anxieties, etc.) \_\_\_\_\_

Medications (please list and send with instructions) \_\_\_\_\_

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:** I hereby give my permission to the health care professional to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization, for the person named above. **PLEASE SEND PHOTO-COPY OF INSURANCE CARD.**

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO TAKE PART IN PROGRAM:** I give permission for my child to attend Lutherdale Bible Camp and participate in the program. This may include but is not limited to: the climbing tower, high ropes course, low ropes course, toboggan slide and field games. Camp photographs which include my child may be used in promotional material, which may include Lutherdale's web page.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### Credit Card Information

Please Charge \$ \_\_\_\_\_ to my:  Visa  Mastercard  Discover/Novus Signature \_\_\_\_\_

Card # \_\_\_\_\_ Validation Code (on back of card) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date recd: \_\_\_\_\_ Dep: \_\_\_\_\_ Cash CC \_\_\_\_\_ Ind # \_\_\_\_\_ Church# \_\_\_\_\_