



# Lutherdale Summer Camper Health History

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_

Primary Guardian Name \_\_\_\_\_ Primary Phone (\_\_\_\_\_) \_\_\_\_\_

Secondary Guardian Name \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Person (if Guardians cannot be reached) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

<p><b>Health History</b></p> <p>Diseases/Conditions: (Give approximate dates.)</p> <p>_____ Ear Infections</p> <p>_____ Heart Defect/Disease</p> <p>_____ Seizures</p> <p>_____ Diabetes</p> <p>_____ Bleeding/Clotting Disorders</p> <p>_____ Hypertension</p> <p>_____ Mononucleosis</p> <p>_____ Asthma</p> <p>_____ Measles</p> <p>_____ Chicken Pox</p> <p>_____ German Measles</p> <p>_____ Mumps</p> <p>_____ Hepatitis</p> <p>_____ Other _____</p> <p><b>None</b> _____</p>	<p><b>Food Allergies</b></p> <p><b>None</b> _____</p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Life Threatening</u></td> <td></td> </tr> <tr> <td>_____ Dairy</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Grain</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Eggs</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Seafood</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Meat</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Peanuts</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Other Nuts</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> </table>		<u>Life Threatening</u>		_____ Dairy	Yes	No	_____ Grain	Yes	No	_____ Eggs	Yes	No	_____ Seafood	Yes	No	_____ Meat	Yes	No	_____ Peanuts	Yes	No	_____ Other Nuts	Yes	No	Other _____			<p><b>Immunizations</b> ( ✓ if current or up to date)</p> <p><input type="checkbox"/> Tetanus booster</p> <p><b>Date Required</b> (MM/YY) _____</p> <p><input type="checkbox"/> DPT Permanent Shots</p> <p><input type="checkbox"/> TD (tetanus/diphtheria)</p> <p><input type="checkbox"/> Polio Immunization</p> <p><input type="checkbox"/> MMR (Measles, Mumps, Rubella)</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Pos <input type="checkbox"/> Neg Tuberculosis Test</p> <p>Chronic/Recurring illness or medical condition that may impact camp life:</p> <p>_____</p> <p>_____</p> <p><b>Activity</b> restrictions for health reasons:</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<u>Life Threatening</u>																												
_____ Dairy	Yes	No																											
_____ Grain	Yes	No																											
_____ Eggs	Yes	No																											
_____ Seafood	Yes	No																											
_____ Meat	Yes	No																											
_____ Peanuts	Yes	No																											
_____ Other Nuts	Yes	No																											
Other _____																													

**Do we have your permission to administer the following, to your child, as needed:** Benadryl, Antacid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold Medicine, Antihistamines? **Initial next to your answer.** \_\_\_\_\_ No \_\_\_\_\_ Yes. Exceptions: \_\_\_\_\_

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

Other **suggestions** that may help make your camper's week more comfortable and enjoyable (fears, anxieties, current family situations, etc)

**Medications** (please list, and send with instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach Photocopy of Insurance Card Here:**  
(Front and Back, Please DO NOT Enlarge cards)

Check Here if Camper is not covered by Health Insurance. Initial \_\_\_\_\_

**Parent/Guardian Signature (Required)**

**Date**

\_\_\_\_\_

\_\_\_\_\_