



# Lutherdale Summer Camper Health History

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

Address: \_\_\_\_\_

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

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

Emergency Information (if Guardians cannot be reached) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

### Health History

Diseases/Conditions: (Give approximate dates.)

Ear Infections: \_\_\_\_\_

Heart Disease: \_\_\_\_\_

Seizures: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Bleeding Disorders: \_\_\_\_\_

Hypertension: \_\_\_\_\_

Mononucleosis: \_\_\_\_\_

Asthma: \_\_\_\_\_

Measles: \_\_\_\_\_

Chicken Pox: \_\_\_\_\_

German Measles: \_\_\_\_\_

Mumps: \_\_\_\_\_

Hepatitis: \_\_\_\_\_

Other: \_\_\_\_\_

None

### Food Allergies

None

Dairy: Grain:

Eggs:

Seafood:

Meat:

Peanuts:

Other Nuts: \_\_\_\_\_

Other: \_\_\_\_\_

### Medical Allergies

None

Hay Fever  No  Yes.

Bee Stings  No  Yes.

Penicillin  No  Yes.

Other Drugs  No  Yes.

Other/ Life threatening: \_\_\_\_\_

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

Tetanus booster **Date Require** (MM/YYYYY)  
(\_\_\_\_/\_\_\_\_)

DPT Permanent Shots

TD (tetanus/diphtheria)

Polio Immunization

MMR (Measles, Mumps, Rubella)

Hepatitis B

Pos  Neg Tuberculosis Test

Chronic/Recurring illness or medical condition that may impact camp life:

Activity restrictions for health reasons

Do we have your permission to administer the following, to your child, as needed: Benadryl, Antacid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold Medicine, Antihistamines

No  Yes. Exceptions:

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

Medications (please list, and send with instructions)

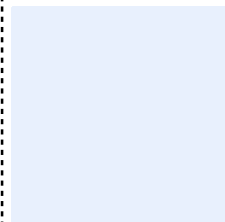
Other **suggestions** that may help make your camper's week more comfortable and enjoyable (fears, anxieties, current family situations, etc)

Parent/Guardian Signature (Required)

Date

### 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 \_\_\_\_\_