



FAMILY PROGRAMS SUMMER 2020



PRAY TOGETHER. PLAY TOGETHER. BE TOGETHER.

CAMP 24 **OR** GRANDPARENT & GRANDCHILD CAMP JULY 11—12, 2020 | 11 AM SATURDAY—11 AM SUNDAY

Discover all that Lutherdale has to offer your family during 24 hours at camp! Families will make memories as they participate in campfires, Bible study, arts & crafts, waterfront activities, the challenge course, and visit animals at the Farm! Explore camp together and strengthen your relationships with one another as you play in God's creation.

Lutherdale's program is all-inclusive—delicious meals, comfortable lodging, and Christ-centered activities for all ages, led by enthusiastic, well-trained summer staff!

**TWO UNIQUE PROGRAMS...
24 HOURS OF LIFE CHANGING ADVENTURE—TOGETHER!**

COST

\$45 PER PERSON

REGISTER ONLINE AT WWW.LUTHERDALE.ORG

FOR QUESTIONS OR MORE DETAILS,

CALL (262)742-2352 OR EMAIL INFO@LUTHERDALE.ORG



LUTHERDALE | N7891 US HWY 12, ELKHORN, WI 53121 | (262) 742-2352 | LUTHERDALE.ORG



Lutherdale Summer Health History

Camper Name: _____ Gender: _____ Birth date: _____

Address: _____ Week of Camp: _____

Primary Guardian Name: _____ Primary Phone: _____

Secondary Guardian Name: _____ Secondary Phone: _____

Emergency Information _____ Relationship _____ Phone: _____
(if Guardians cannot be reached)

Family Doctor : _____ Phone: _____

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| <p align="center">Health History</p> <p>Diseases/Conditions: (Give approximate dates.)</p> <p>_____ Ear Infections _____ Heart Disease _____ Seizures _____ Diabetes _____ Bleeding Disorders _____ Hypertension _____ Mononucleosis _____ Asthma _____ Measles _____ Chicken Pox _____ German Measles _____ Mumps _____ Hepatitis _____ Other _____</p> <p>_____</p> <p>None <input type="checkbox"/></p> | <p align="center">Food Allergies</p> <p>None <input type="checkbox"/></p> <p>Dairy: _____ Grain: _____ Eggs: _____ Seafood: _____ Meat: _____ Peanuts: _____ Other Nuts: _____ Other: _____</p> | <p align="center">Immunizations (<input checked="" type="checkbox"/> if current or up to date)</p> <p><input type="checkbox"/> Tetanus booster Date Required (MM/YYYY) _____</p> <p><input type="checkbox"/> DPT Permanent Shots <input type="checkbox"/> TD (tetanus/diphtheria) <input type="checkbox"/> Polio Immunization <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pos <input type="checkbox"/> Neg Tuberculosis Test</p> |
| | <p align="center">Medical Allergies</p> <p>None <input type="checkbox"/></p> <p>Hay Fever _____ Bee Stings _____ Penicillin _____ Other Drugs _____ Other _____</p> | <p>Chronic/Recurring illness or medical condition that may impact camp life:</p> <p>_____</p> <p>Activity restrictions for health reasons</p> <p>_____</p> |

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

No Yes. Exceptions:

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

Medications (please list, and send with instructions)

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| <p>Other suggestions that may help make your camper's week more comfortable and enjoyable (fears, anxieties, current family situations, etc)</p> <p>_____</p> <p>Parent/Guardian Signature (Required)</p> <p>_____</p> <p>Date</p> <p>_____</p> | <p align="center">Attach Photocopy of Insurance Card Here: (Front and Back, attach to additional PDF if text too small)</p> <p>_____</p> <p><input type="checkbox"/> Check Here if Camper is not covered by Health Insurance. Initial</p> |
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