

Rainbow Trail Lutheran Camp Day Camp - *Health History Form*

This form needs to be completely filled out by a parent/guardian.

Name _____
last first initial

Birthdate: _____ Age _____ Gender _____

Parent or Guardian _____ Phone: (____) _____

Home Address _____

Business Address _____ Phone: (____) _____

If not available in an emergency, notify _____ Relationship _____

Address _____ Phone: (____) _____

Do you carry medical/hospital insurance? _____ If so, please indicate:

Carrier _____ Group/policy number _____

Name of physician _____ Phone number _____

Date of last immunization for:
Tetanus _____; DPT _____; Polio _____; Measles (MMR) _____

Please check and date any of the following, which have occurred to the camper or in the camper's family:

Conditions	Diseases	Allergies
____ Frequent ear infections	____ Chicken pox	____ Hay Fever
____ Heart disease/defect	____ Measles	____ Ivy Poisoning, etc.
____ Convulsions/seizures	____ German Measles	____ Insect Stings
____ Diabetes	____ Mumps	____ Penicillin
____ Bleeding/clotting disorders		____ Other drugs
____ Hypertension		____ Asthma
____ Mononucleosis		____ Other: _____
____ Psychiatric counseling		

Please explain any of those checked in the space below:

Operations or serious injuries: (please list with dates) _____

Suggestions, any activity restrictions, or health-related information for camp personnel:

Will your child need to take a medication during Day Camp? _____
____ Collected by Day Camp Coordinator

My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian signature _____ Date _____

Signature of witness _____ Date _____

Camper's signature _____