

List all known **ALLERGIES**

Describe reaction and management of reaction

Medication Allergies (list) _____

Food Allergies (list, and please call the Camp Director in advance so that we can be prepared to meet your child's dietary needs)

Other Allergies (list) – Include hay fever, insect bites, asthma, etc. _____

If your camper requires the use of an Epi-Pen, please provide an un-expired one, in a fanny pack.

Medications being taken

Please list all medications being taken. Please include over-the-counter and non-prescription drugs taken routinely. Please bring enough medication for the entire week. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. Please do not send Tylenol, Advil/Motrin/Ibuprofen, or Benadryl if it is only used occasionally (we will provide) – Please bring only if it is used daily or more frequently.

[] This person takes NO medications on a routine basis. OR [] This person takes medication as follows:

Medication: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Restrictions: Please explain any dietary restrictions and/or physical restrictions to activities at camp. Attach additional sheets if necessary.

General Questions (explain YES answers below) Has/does the camper:

	Y	N		Y	N
1. Had any recent injury, illness or infectious disease?			13. Ever had high blood pressure?		
2. Have a chronic or recurring illness/condition?			14. Ever had back or heart problems?		
3. Ever been hospitalized?			15. Ever had problems with joints?		
4. Ever had surgery?			16. Have an orthodontic appliance brought to camp?		
5. Have frequent headaches?			17. Have any skin problems? (itching, rash, acne?)		
6. Ever had a head injury?			18. Had mononucleosis in the last 12 months?		
7. Ever been knocked unconscious?			19. Had problems with diarrhea / constipation?		
8. Wear glasses, contacts, or protective eye wear?			20. Have problems with sleepwalking or bedwetting?		
9. Ever had frequent ear infections?			21. If female, have an abnormal menstrual history?		
10. Ever passed out/become dizzy during or after exercise?			22. Have an eating disorder?		
11. Ever had seizures?			23. Ever had emotional difficulties for which professional help was sought?		
12. Ever had chest pain during or after exercise?					

Please explain any YES answers to the above questions:

Immunization History			Please give all dates:					Which of the following has camper had?	
Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr		
DTP									Measles
TD (tetanus/diphtheria)									Chicken Pox
Tetanus									Mumps
Polio									Hepatitis A, B, C
MMR								Date of last TB test:	
Haemophilus influenza B								Positive or negative?	
Hepatitis B									
Varicella (chicken pox)									

Name of family physician: _____ Phone: _____

Name of dentist / orthodontist: _____ Phone: _____

Screening Record (For camp use only) Screened by: _____

Date screened: _____ Time: _____ Meds received: _____

Current health needs identified / notes: _____

Check out

Please complete both sides of this form

You must submit this form (one form per child) prior to check-in at Camp

This form needs to be completely filled out. If you have any questions, or if you think that your child has needs that we should be aware of prior to the beginning of camp, please contact the Camp Director, Ashley Myers by e-mailing youthministry@visitgrace.org.

Camper Information:

Last Name:	First:	M.I.:	Birth Date:	
Home Address:		City:	St.:	Zip:
Male:	Female:			

Camper's Mother's Name:	Work Phone #:
Home Phone #:	Cell Phone #:
Camper's Father's Name:	Work Phone #:
Home Phone #:	Cell Phone #:
Emergency Contact Name:	Relationship:
Home Phone #:	Work Phone #:

Insurance Information: Is participant covered by family medical / hospital insurance?	YES	NO
If Yes, Carrier name or plan name:	Group #:	ID #:
Phone number for hospital pre-authorization, if required:		

This health history is complete and accurate as far as I know, I hereby give my permission for the above named camper to attend Grace Summer Camp from July 9th-14th, 2019 and to participate in all camp activities except as noted on this form. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment including hospitalization, for the camper.

In consideration of the privilege to participate extended to me by Grace Lutheran Church, I do hereby, for myself, my heirs, executor and or administrator, remise, release, indemnify and hold harmless Grace Lutheran Church and all of its officers, agents, employees, and volunteers, acting officially or otherwise, from any and all actions, causes of action, or claims of any injury, damage, loss or death which may occur from any cause including, but not limited to any accident while participating individually or with others in Grace Summer Camp.

I hereby give my permission for my child's picture/likeness to be used in advertising and promotional materials including but not limited to brochures, flyers, and our website. The following person/people are authorized to pick up the child listed on this form at the end of camp. I understand that the child will not be released to anyone but this/these authorized person/people:

_____ or: _____

Signature of Parent or Guardian: _____

Please complete both sides of this form