

Rainbow Trail Lutheran Camp

2021 Day Camp Health History Form

**This form needs to be completely filled out by a parent/guardian. It will be kept by the Church staff.

Name _____
(last) (first) (middle initial)

Birthdate: _____ Age _____ Male _____ Female _____

Home Address _____

Parent/Guardian _____

Preferred Phone: (____) _____ Other Phone: (____) _____

Parent/Guardian _____

Preferred Phone: (____) _____ Other Phone: (____) _____

If unavailable in an emergency, please notify _____

Relationship _____ Phone: _____

Do you carry medical/hospital insurance? Yes ___ No ___ 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	___ Psychiatric counseling
___ Mononucleosis		

Other: _____

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 _____