

DAY CAMP HEALTH HISTORY FORM

This Day Camp is a partnership between Luther Springs and your local congregation (above). We want to provide your child with the best possible week at camp including spiritual, physical, and social growth. You can help by carefully filling out this form. Health forms must be turned into the Day Camp coordinator no later than the first morning of the Day Camp. **Each camper must have a completed health form on file or WILL NOT be admitted to Day Camp.**

PLEASE PRINT

Full Name of Camper _____

Age _____ Birth date _____ Male Female MI _____

Camper's Address _____

City _____ State _____ Zip _____

Name (s) of Parent (s) or Guardian _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

If I cannot be reached in an emergency call: _____

Relationship: _____ Home Phone (_____) _____

Work Phone (_____) _____ Cell Phone (_____) _____

Name of Child's Physician: _____ Phone (_____) _____

Health Insurance Information:

LUTHER SPRINGS and the local congregation have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier name _____

Carrier Address _____

Policy # _____ Phone _____

Policy Holder's Name _____

Policy Holder's Social Security # _____ Policy Holder's Birthdate _____

Medical Release and Authorization For Treatment

This day camp is a partnership between Luther Springs Lutheran Outdoor Ministries (LUTHER SPRINGS) and the local congregation listed above. The undersigned, as parent/legal guardian of the camper, authorizes LUTHER SPRINGS and the local congregation, its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Day Camp leaders will endeavor, but are not required, to communicate with me prior to treatment. The undersigned releases LUTHER SPRINGS and the local congregation, and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

Printed Name _____ Signature _____ Date _____

