

Heit's Point Lutheran Ministries Health Form

This form must be on file with Heit's Point prior to participation in any programming.

Last Name _____ First Name _____ Age _____ Gender: M F

Birth Date ___/___/___ Camp attending _____ Height _____ Weight _____

Address _____ City/State Zip _____

Parent or Guardian _____ Home/Work Phone _____ Cell _____

Parent or Guardian _____ Home/Work Phone _____ Cell _____

Emergency Contact _____ Relationship to camper _____

Home/Work Phone _____ Cell _____

In case of emergency, who should we call first? _____

Medication Currently Taken

Name of Medication	Time of day taken (morning, dinner, etc)	Dosage

Health History (Check all that apply, past and current)

Anxiety or depression ___ Epilepsy or Convulsions ___ Ear, Nose, or Throat Trouble ___ Eating Disorder ___

Recurrent Headaches/Migraines ___ Asthma ___ Disease or Injury o Joints or Back ___

Heart Problems or Disease ___ Frequent Colds ___ Stomach or Intestine Trouble ___ Behavioral Disorder ___

Diabetes ___ Frequent Ear Infections ___ Dizzy Spells or Fainting ___ ADHD ___ Bed Wetting ___

Home Sickness ___

Please explain any checked items or items not listed at bottom of form.

Allergies/Dietary Needs

Mild=runny nose, sneezing

Moderate=swelling/severe rash

Severe=systemic response/difficulty breathing

	Circle One	Describe/Specify Allergen or Dietary Restriction	Mild	Moderate	Severe
Food	Yes/No				
Medication	Yes/No				
Environmental	Yes/No				
Other	Yes/No				

Immunizations (record most recent date of each vaccination)

Measles, Mumps, Rubella (MMR)_____ Diphtheria/Tetanus (DPT)_____ Hepatitis A_____ Hepatitis B_____ Hib_____ Polio_____ Chicken Pox (or had)_____ Influenza_____ Other_____ Other_____

Date of last physical exam_____ Physician Name_____ Physician Phone_____

Consent for Medication

Please check each medication trained medical staff at Heit's Point are allowed to administer, in accordance with recommendations.

- Acetaminophen** (i.e. Tylenol) for mild fevers and discomforts
- Ibuprofen** (i.e. Advil, Motrin) for mild fevers, discomforts, and inflammation
- Aspirin** (i.e. Bayer) for mild fevers and discomforts
- Throat Lozenges** for coughs or sore throats
- Creams** (i.e. Calamine, Aloe Vera) for itching, sunburn, insect bites
- Allergy Medications** (i.e. Benadryl) for allergy symptoms
- Cough/Cold Medicine** (i.e. Sudafed, NyQuil) for allergy symptoms/colds
- Antacids** (i.e. Pepto Bismol, Tums) for upset stomachs or heart burn
- Antidiarrhea** (i.e. Imodium, Kaopectate)

Medical Insurance

Do you have medical insurance? YES NO

If yes, attach a copy of front and back of your health insurance card.

Authorization

I hereby give informed and expressed consent for this individual to take part in all camp activities under supervision, and agree that the camp or camp personnel will not be held responsible for accidents arising there from. I authorize the camp Health Care Provider and/or designated camp staff to provide appropriate treatment to this individual for injuries and/or illness. This includes, but is not limited to, following Heit's Point medical procedures and protocols, following poison control recommendations, administering prescription medications as noted above, administering over the counter medications as approved above, transportation to hospital care, and following directions from the medical director. I understand that the information on this form may be released to the appropriate medical personnel in case of emergency. I agree to pay any cost for medical care in the event of an emergency, even if I do not have health insurance coverage or not all costs are covered by insurance. I also understand that failure to disclose medical or emotional problems in advance may lead to serious consequences while at camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

Parent/Guardian Signature or Participant Signature if over 18: _____ Date _____

NOTES