

Lutherlyn - Health History Form (To be completed by the parents/guardians of those under 18 and adults staying on site.)

Name _____ SS# _____ Birthdate _____ Age _____ Gender _____
Last First Initial

Parent, Guardian, or Spouse _____ Work Phone _____

Home Address _____ Phone _____

Second Emergency Contact _____ Work Phone _____

Home Address _____ Phone _____

If the above are not available, contact: _____ Work Phone _____

Relationship _____ Phone _____

Allergies

Drug Allergies (specify)

Insect Stings

Hay Fever

Other (specify)

Health History

Asthma

Frequent Ear Infections

Heart Defect/Disease

Seizures

Bleeding/Clotting Disorder

Mononucleosis

Diabetes (year)

Chicken Pox

Hypertension

Measles

Mumps

German Measles

ADHD

Psychiatric Treatment

Other _____

Family Physician _____ Phone _____
Name City, State

Health Problems (Include Chronic Illness, Operations, or Serious Injury)

Medications (Explain dosage and reason, use reverse side if necessary)

Immunization Record

Date of most recent Tetanus DPT or DT: _____ Polio Measles Mumps

Dietary Concerns / Activity Restrictions

Additional Information

Please list any additional information which may be helpful to us. (use reverse side if necessary)

(Females Only) Has this person menstruated? _____ If not, has she been told about it? _____ If so, is her menstrual history normal? _____

Insurance

Health Insurance Company _____

Policy or ID# _____

Name of Insured _____

Where insured employed _____

Address for claims _____

Phone _____

Group Plan ID# _____

SS# _____

Employer (group plan) _____

Emergency Treatment and HIPAA Protected Information Release Authorization

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or anesthesia and/or surgery for me/my child as named above. I hereby give permission to share the information on this health form with medical personnel providing treatment for me/my child. When it is in my/my child's best interest, I hereby give permission for those providing treatment to release information regarding the diagnosis, treatment, test results and other information to Lutherlyn. This form may be photocopied for use out of camp.

Signature of Parent/Guardian or Adult _____

Date: _____ Witness _____

This form is intended to help us provide a safe and enjoyable camp experience. **Campers cannot attend camp sessions without a signed health history form.** Thank You! Revised 5/03