

# Health History Form for Day Camp & VBS

Lutherans Outdoors in South Dakota - Outlaw Ranch

**BRING THIS HEALTH FORM WITH YOU TO CAMP!!**

To be filled in by parents / guardians of minors

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Night Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Second Parent, Guardian, or Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Approved Persons to pick up your child \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

## Health History

### Give approximate dates:

- \_\_\_\_\_ Frequent ear infections
- \_\_\_\_\_ Heart defect or disease
- \_\_\_\_\_ Convulsions
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Bleeding/clotting disorder
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Mononucleosis

### Explain the following on back:

- \_\_\_\_\_ Psychiatric treatment
- \_\_\_\_\_ Operations
- \_\_\_\_\_ Serious Injuries
- \_\_\_\_\_ Chronic / recurring illness

### Diseases

\_\_\_\_\_ Chicken pox

- \_\_\_\_\_ Measles
- \_\_\_\_\_ German measles
- \_\_\_\_\_ Mumps

### Allergies (check only)

- \_\_\_\_\_ Hay fever
- \_\_\_\_\_ Ivy poisoning
- \_\_\_\_\_ Insect stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

### Recommendations and Restrictions while at camp OR VBS:

Any activity restrictions or treatment to be continued at camp: \_\_\_\_\_

### MEDICATIONS CANNOT BE ADMINISTERED AT VBS

Any medication to be administered at camp: \_\_\_\_\_

▶ (specific dosages): \_\_\_\_\_

**Medications must be turned in to the camp health care personnel upon arrival. Please send prescriptions in the original bottle with the doctor's directions on the label.**

Any over-the-counter medications NOT to be given to the camper while at camp: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

### VACCINE INFORMATION NEEDED FOR DAY CAMP ONLY!

**Vaccines:** \_\_\_\_\_ **Date of Basic immunization:** \_\_\_\_\_ **Booster:** \_\_\_\_\_

Tetanus: \_\_\_\_\_

DTAP \_\_\_\_\_

MMR: \_\_\_\_\_

Varicella \_\_\_\_\_

Polio \_\_\_\_\_

Hepatitis B: \_\_\_\_\_

Others: \_\_\_\_\_

Description of any current mental or psychological conditions requiring medication, treatment, or special restrictions or considerations \_\_\_\_\_

Any time health care outside of the camp community is needed, parents and guardians will be notified. If you wish to be notified in any other circumstances, please list here: \_\_\_\_\_

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for treatment:** I hereby give permission to the camp health care personnel to provide routine health care and to administer medications brought to Day Camp as noted above and to the medical personnel selected by the host congregation to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the host congregation to secure and administer treatment, including hospitalization, for my child as named above.

**I give permission for my child's photo to be used for publicity purposes.**

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**BRING THIS HEALTH FORM WITH YOU TO CAMP!!**  
**YOU WILL NOT BE PERMITTED TO REGISTER WITHOUT THIS HEALTH FORM!!**