



**Mental/Emotional Health Concerns:** Check "Yes" or "No" for each statement.

This camper has an emotional health concern..... Yes  No

This camper has a learning disability..... Yes  No

This camper has been diagnosed with Attention Deficit Disorder (ADD or ADHD)..... Yes  No

*If "yes" was answered to anything in this section, please attach a statement if any special considerations should be taken*

**Medication:** Please complete all required information. All medications **MUST** be in the original pharmacy containers and labeled appropriately. Campers **MUST** turn in all medications, vitamins and over-the-counter drugs to the Health Care Person upon arrival. For the safety of your child and other campers self-medicating is not allowed.

This camper does not take any medication.

This camper takes routine medication (complete the following):

Name of Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason: \_\_\_\_\_

Reason: \_\_\_\_\_

Dose: \_\_\_\_\_

Dose: \_\_\_\_\_

Time(s) of Day: \_\_\_\_\_

Time(s) of Day: \_\_\_\_\_

**Immunization:** Please note month and year of the shots or the most recent booster.

DTP: Diphtheria, Tetanus, Pertussis \_\_\_\_\_

Td: Tetanus Booster \_\_\_\_\_

MMR: Measles, Mumps, Rubella \_\_\_\_\_

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

**Doctor/Dentist Contact Information:**

Name of Camper's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**THIS FORM MUST BE SIGNED FOR CAMP ATTENDANCE.**

**Parent/Guardian Authorization for Health Care:** This Health Form is complete and correct, and the person described has permission to engage in all camp activities except as noted by me and/or the examining physician. I give permission to the camp to: 1) provide ongoing health care, and 2) select medical personnel and to order X-rays or routine tests or treatment for the camper listed above. In the event that I cannot be reached in an EMERGENCY, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I understand that information about my child's health will be shared with the appropriate counseling, food service, or other Luther Crest staff. This form may be photocopied for use out of camp.

**Parent/Guardian Permission to Participate:** My child has permission to participate in all aspects of the Day Camp Program of Luther Crest Bible Camp and I agree that the camp or its personnel will not be held responsible for accidents arising from participation. I also give permission for any pictures or video taken of my child to be used for promotional purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_