

CAMP LUTHER

1889 Koubenec Road " Three Lakes, WI 54562
Phone (715) 546-3647 " (877) 264-CAMP

EMERGENCY/MEDICAL INFORMATION FORM

REQUIRED BY FEBRUARY 15

This form must be completed and submitted to the Camp Luther office by June 1st. Failure to properly complete and submit this form may result in the non-acceptance of the child/youth into the camp program.

This form should be returned via USPS mail or scanned and emailed with signatures. Please remember to include a copy of your insurance card. **Do not fax!**

Camp Luther shall not be held responsible for medical expenses incurred by camper through accident or illness before, during, or after enrollment in the camp program. Complete insurance information must be provided by the guardian.

EMERGENCY ADMISSION INFORMATION

Parent(s)/Guardian: This information will be needed in the event of an Emergency Room visit. Having this information will expedite the admission process and treatment. **Please print!**

CAMPER INFORMATION

Last Name: _____ First: _____ MI: _____

Address: _____

City/State/ZIP: _____

DOB: ____ / ____ / ____ Age: _____ Sex: _____

Home Phone: (____) _____ County of Residence: _____

PARENT/GUARDIAN (PRIMARY EMERGENCY CONTACT)

Full Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

SECONDARY EMERGENCY CONTACT

Full Name: _____

Address: _____ City/State/ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

AUTHORIZATION FOR MEDICAL CARE

For Campers Under 18 years of age:

We, the undersigned parent(s) and/or natural guardians of _____, **a minor**, do hereby authorize the Camp Luther Health Services Staff (and/or any other qualified adult appointed or designated by them) **(1)** to consent to medical, surgical, and dental care for such minor child; **(2)** to consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child; **(3)** to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child; **(4)** to admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care; and **(5)** to sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required; but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

Signature: _____ Date: _____

INSURANCE INFORMATION

Camper's primary insurance is under whose name?
(e.g. name of father, mother, guardian, or other)

Insurance Company: _____

Ins. Co. Group #: _____

Policy/Contract #: _____

Employer: _____

Address: _____

City/State/ZIP: _____

Phone: _____

If self-employed, give occupation: _____

We do not currently have insurance.

PLEASE INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD!

Name: _____

Counselor: _____

Block Code: _____

OVER-THE-COUNTER MEDICATIONS

When beneficial, the camp staff has permission to give the following or their equivalent to my child (check all that apply):

Acetaminophen (Tylenol)____ Cough Drops/Syrup____ Pepto-Bismol____ Cold Medication (Sudafed)____

Allergy Medication (Benadryl)____ Ibuprofen (Advil)_____

Parent's Signature:_____ Date:_____

PHYSICAL HEALTH

When was the camper's last physical exam? (date)_____

Please check any of the following health ailments camper is subject to:

Asthma____ Seizure Disorder____ Headaches____ Frequent ear infections____ Sleepwalking____

Fainting____ Bedwetting____ Depression/Anxiety____ Diabetes (list type)_____ (check all that apply)

Provide information and supportive health care needed for each checked item:_____

Describe any other health ailments camper is subject to:_____

Severe Allergies to: Bee Stings____ Penicillin____ Other (please list)_____

This camper has an allergy to the following food(s):_____

Does this cause anaphylaxis? Yes____ No____

Describe the reaction if this food is eaten and what should be done to manage it:_____

(see the Program Information Form for information on special menus and diets while at camp.)

Operations or Serious Injuries (Type and Date)_____

Are there any additional details or information on the camper's health that either the Camp Luther staff or attending doctor should know?_____

SPECIAL NEEDS

IF YOUR CHILD HAS ANY PHYSICAL, EMOTIONAL, BEHAVIORAL, OR COGNITIVE SPECIAL NEEDS YOU MUST CONTACT THE YOUTH CAMP PROGRAM DIRECTOR ASAP TO DISCUSS NECESSARY ARRANGEMENTS.

IMMUNIZATION HISTORY

List the **MONTH, DAY, AND YEAR** your child received each of the following immunizations. **DO NOT USE A (Y) OR (X)**. If you do not have an immunization record for this child at home, contact your doctor or public health agency to obtain the dates.

TYPE OF VACCINE	First Dose month/day/year	Second Dose month/day/year	Third Dose month/day/year	Fourth Dose month/day/year	Fifth Dose month/day/year
DTP -- DIPHTHERIA-TETANUS-PERTUSSIS (Whooping Cough)					
POLIO					
HIB (Haemophilus influenza b)					
HEPATITUS B			COMMENTS:		
MMR -- MEASLES-MUMPS-RUBELLA					
TETANUS BOOSTER					
VARICELLA (CHICKEN POX) VACCINE					

PRESCRIBED MEDICATIONS: (list all brought to camp) *If injections are necessary, contact the camp office.*

Medication	Dosage	Times Given	Prescribing Physician	Reason for Medication

Physician's Name:_____ City/State:_____ Office Phone: (____)_____

State law mandates that all medications must be in their original container. At registration you will be asked to fill out a detailed form listing all medications, dosages, and times to be administered. It is helpful if camper brings two additional doses beyond what will be needed for the duration of camp.