

My Summer Camp - Our Saviour Lutheran Church
Health History Form

Our Saviour Lutheran Church wants to provide your child with the best possible time at camp including spiritual, physical, and social growth. We are deeply committed to providing the best possible care for your child at camp. You can help by carefully filling out this form.

Please Print:

Full Name of Camper _____

Camper's Address _____

City, State, Zip _____

Phone () _____ Birth date _____ Age _____

Camp Attending: Music Camp Vacation Bible School Kinder Camp

Name(s) of parents/guardians _____

Address (if not same as campers) _____

Work Number _____ Cell Phone Number _____

If I cannot be reached in an emergency, please call: _____

Relationship: _____ Phone: _____

We are covered by the following health insurance:

Name _____ Policy Number _____

Mailing Address _____

_____ We are not covered by insurance

Emergency Treatment

I give my child permission to participate in all activities (including field trips) of My Summer Camp. For any field trips we will travel by the OSLC bus. I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to secure the services of a licensed physician. I agree the camp (of Our Saviour Lutheran Church and it's employees or volunteers) will not be held responsible for accidents or personal injury arising there from.

Parent/Guardian Signature _____ Date _____

Camper Health History

Personal Information

Please respond to the following questions if you feel the information will be helpful to the camp staff.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp? Any emotional issues?

Is your child apprehensive about anything at camp? Any other suggestions or special information for the counselors?

List any activity restrictions:

List any dietary restrictions:

Allergies-please list any allergies, reactions and treatment given:

Name of child's physician _____ Phone _____

Camper Medication Form

THIS MUST BE FILLED OUT IF YOUR CHILD HAS ANY MEDICATIONS TO BE TAKEN DURING THE DAY. All medications (including aspirin) must be checked in with camp director.

I give my permission for the camp designated person to keep and administer the following medication:

Name of MED. _____ Dosage _____ How often _____

Name of MED _____ Dosage _____ How often _____

Any special information concerning the medication?

Signed _____ Date _____

Parent/Guardian