

Health History and Examination Form

List Dates of Camp Session _____ - _____
Month/Day/Year Month/Day/Year

Mail to: Lutheran Valley Retreat
P.O. Box 9042
Woodland Park, CO 80866

Camper Name: _____
T-shirt _____
Dress _____
MT _____
Session: _____
Year: _____
Counselor: _____

PLEASE MAIL 3 WEEKS PRIOR TO ARRIVAL DATE
(This PAGE is to be filled out by parent/guardian of minor or by adult camper/staff member)

NAME _____ Birth Date _____ M/F Age _____
Last First Initial (As of arrival)

Parent/Guardian _____
Home Address _____ Phone _____
Street Address City State Zip Area/Number

Business Address _____ Phone _____
Street Address City State Zip Area/Number

(If not available in an emergency, notify the person below)
Emergency Contact Name _____ Relationship _____
Address _____ Phone _____
Street Address City State Zip Area/Number

Family Doctor Name _____
Address _____ Phone _____
Street Address City State Zip Area/Number

Family Dentist/Orthodontist Name _____
Address _____ Phone _____
Street Address City State Zip Area/Number

Family Medical Insurance Company Name _____
Address _____ Phone _____
Street Address City State Zip Area/Number

ID Number/Policy Number _____
Who will be picking up camper? (Circle) PARENT/GUARDIAN/OTHER If other is circled, LIST below:
Authorized "Pick-up" Name _____
Address _____ Phone _____
Street Address City State Zip Area/Number

Health History:

1. Please list ALL medications (including over-the-counter & non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

2. Suggestions for camp staff related to health information:

3. Surgeries, serious injuries, disabilities, recurring illnesses, diseases?
(Dates) _____

4. Known drug reactions, allergies, dietary modifications?

PARENT PERMISSION & ENDORSEMENT

This Health History is correct so far as I know & the person herein described has permission to engage in all prescribed activities including, without limitation, climbing/rapelling, equine, low & high ropes courses, & rafting, both on & off camp property either by walking or riding in camp vehicles, except _____. I understand that many of these activities are limited to 11 year old or older youth. I hereby assume the risk of all injuries to the person herein described & I release & discharge Lutheran Valley Retreat, its agents & employees, from any & all liability that results from injury to the person herein described. Insurance protection is my responsibility. Authorization for Treatment: I give permission for the camp to administer medications as it deems necessary to me or my child, including medications sent with my child, or nonprescription medications available at camp. In the case of an emergency I know every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp director to hospitalize & secure proper treatment for my child or me. I assume financial responsibility for actions that may cause damage to property. If the staff deems it necessary for my child to be removed from camp, due to disciplinary or other problems, I will respond by promptly picking up my child.

Quick History

(CHECK or LIST APPROXIMATE DATES)

- _____ Bleeding/Clotting Disorders
 - _____ Diabetes
 - _____ Frequent Ear Infections
 - _____ Hypertension
 - _____ Mononucleosis
 - _____ Psychiatric Treatment
- DISEASES (Month/Year)
- _____ Chicken Pox
 - _____ Measles
 - _____ German Measles
 - _____ Mumps
 - _____ Hepatitis A
 - _____ Hepatitis B
 - _____ Hepatitis C

ALLERGIES

- _____ Asthma
- _____ Insect Stings
- _____ Ivy Poisoning, etc.
- _____ Penicillin
- _____ OTHER (Specify) _____

Signature of Parent/Guardian or Adult
Camper/Staff _____ Date _____

Everyone must have a complete & signed form (OVER)

IMMUNIZATION HISTORY (Physician should record the date of basic immunizations and most recent booster doses)

VACCINE	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
Diphtheria/Tetanus/Pertussis (DTP)						
Tetanus/Diphtheria (TD)						
Tetanus						
Polio						
Measles/Mumps/Rubella (MMR)						
Or Measles						
Or Mumps						
Or Rubella						
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						
TB Mantoux Test – Date of last test	Circle Result: Positive Negative					

HEALTH CARE RECOMMENDATION by Licensed Physician

(State of Colorado requires every camper to have a physical within 24 months prior to their camp session; doctor may sign a photocopy of this form, but all signatures must be original & include the camper's name.)

- I examined the above applicant on (Date Examined) _____
- Height: _____ Weight: _____ Blood Pressure: _____
- In my opinion the above applicant (Circle) Is able is not able to participate in an active camp program at altitudes of 8,400-9,100 feet above sea level; and up to & above 14,000 feet for adventure trips.
- I have found him/her to be in satisfactory physical condition, free from any contagious disease & capable of active participation in a regular camp program except as follows: _____

- The applicant is under the care of a physician for the following condition(s): _____

Recommendations and/or restrictions while at Lutheran Valley Retreat

- Treatment to be continued at Lutheran Valley Retreat: _____
- Medication to be administered at LVR (name, dosage, frequency): _____
- Any medically prescribed meal plan or dietary restrictions: _____
- Known allergies (food, drugs, plants, insects, etc): _____
- PHYSICIAN PLEASE INFORM L.V.R. OF ALL UP-TO-DATE IMMUNIZATIONS (USE CHART ABOVE)

Licensed Physician's Signature _____

Address: _____ Phone _____

(Stamp) _____ Date of Completion _____ *By _____

*INITIAL IF COMPLETED BY NURSE OR PHYSICIAN'S ASSISTANT

Child Profile: (optional information from parents)

- Has your child ever been away from home overnight? _____ Response (homesick, fear, etc.)? _____
- What fears does your child have? _____
- Please give a brief biographical sketch of your child. This may include personality, school history, family make-up; which may be helpful for us in getting to know your child. _____

- What form of discipline works best with your child? _____