

Emergency Medical Information Form

This form must be completed and submitted to the Lakeview Ministries office prior to final admission of the camper into the camp program. Failure to properly complete and submit this form will result in the non-acceptance of the child/youth into the camp program. This form may be mailed or given to the office personnel at the time of check-in on the first day of the camp session. If the form is mailed, make certain that enough time is allowed for postal service to deliver the form prior to the day of registration. Lakeview Ministries shall not be held primarily responsible for medical expenses incurred by the camper through accident or illness before, during, or after enrollment in the camp program. Therefore, it is extremely important that complete insurance information be provided.

Camper Information:

Camper Name: FIRST MIDDLE LAST

Camper Home Address: STREET ADDRESS

CITY STATE ZIP

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

Camper Birthdate: ____/____/____ Sex: _____ Age: _____

Emergency Contact Information:

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Parent/Guardian Name: _____ Relationship to Camper: _____

Home Address: STREET ADDRESS

CITY STATE ZIP

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

Second Parent/Guardian or other Emergency Contact:

Name: _____ Relationship to Camper: _____

Home Address: STREET ADDRESS

CITY STATE ZIP

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

Medical Insurance Information:

Attach a copy of medical insurance card to this form.

Insurance Company: _____ Insurance Company Phone: (____) _____

Policy Number: _____ Group Number: _____

Subscriber Name: _____ Social Security Number: _____ Birthdate: ____/____/____

Immunization Record:

Has your child received vaccinations required by the state of Indiana for school including: diphtheria, pertussis, tetanus, measles, rubella, polio-myelitis, mumps, hepatitis B, chicken pox, varicella, and meningitis (grades 6-12)? Yes No

Date of last tetanus booster: _____

Prescribed Medications:

Please bring medications taken routinely with current instructions. You will give these medications to the first aid coordinator during check-in on the first day of your camp. Bring enough to last the entire time at camp. You **MUST** keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency (state law!) or it will not be accepted. All medications must be given to the first aid coordinator.

Over-the-Counter Medications:

Lakeview Ministries stocks the following over-the-counter medication for use. **Cross out those medications which the camper should not be given.**

- | | | |
|-------------------------|---------------------------|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) | Phenylephrine decongestant (Sudafed PE) |
| Generic Cough Drops | Sore Throat Spray | Benadryl (for allergies) |
| Calamine Lotion / Aloe | Pepto-Bismol / Tums | Antibiotic Cream |

PLEASE STAPLE A COPY OF YOUR MEDICAL INSURANCE CARD HERE!

Camper Name: _____

Date of Program: _____

Lakeview Cabin Name: _____

Health History:

Primary Physician Name: _____ Phone Number: _____

Is the camper allergic to:

- Bee Stings..... Yes No Food (gluten, nuts, etc.)..... Yes No Dairy..... Yes No
- Poison Ivy / Oak Yes No Penicillin..... Yes No Other..... Yes No

Is the camper subject to:

- Frequent colds Yes No Frequent sore throats Yes No Sinus Trouble Yes No
- Constipation..... Yes No Kidney Trouble..... Yes No Bed Wetting Yes No
- Convulsions..... Yes No Ear Trouble Yes No Sleep Walking Yes No
- Fainting Yes No Upset Stomach..... Yes No Other..... Yes No

Has the camper had:

- Abscessed Ears..... Yes No Chicken Pox..... Yes No Tuberculosis..... Yes No
- Bronchitis..... Yes No Athletes Foot Yes No Rheumatic Fever Yes No
- Hernia (Rupture) Yes No Diabetes..... Yes No Heart Trouble..... Yes No
- Asthma or Hay Fever..... Yes No ADD/ADHD..... Yes No Eating Disorder Yes No

If you answered yes to any of the above questions, please explain in the space below (an additional sheet may be attached for more room):

Has the camper had any operations or serious injuries? Yes No

If yes, please comment:

Are there any restrictions of activity for medical reasons? Yes No

If yes, please comment:

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

Authorization for Medical/Dental Care (for campers under 18 years of age):

I, the undersigned parent and/or natural guardian of _____, a minor, do hereby authorize the Camp Lakeview Health Services Staff (and/or any other qualified adult appointed or designated by them) (1) to provide routine health care and administer prescription medications, (2) to consent to medical, surgical and dental care for such minor child; (3) to consent to any diagnostic test, 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; (4) to employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such minor child; (5) 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 (6) to sign all necessary consents and authorizations.

It is understood that this authorization is given in advance 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.

This health history is correct and accurately reflects the health status of the camper to which it pertains. The camper described has permission to participate in all camp activities except as noted by me on this form. I understand that the information on this form will be shared on a "need-to-know" basis with camp staff. I give permission to photocopy this form. When necessary or beneficial, the camp staff has permission to give the over-the-counter medications listed on this form (or their equivalent) to the camper.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Camper: _____

STAFF USE ONLY		
Screen OK: YES or NO	Date: _____	Staff: _____