

Health History and Examination Form

For Children, Youth and Adults Attending LGP National Camp. The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by **parents/guardians** of minors or by adults themselves. Update required annually. Health exam is recommended but not required. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Name _____ Birthdate _____ Age of camper _____
Home Address _____
Custodial Parent/Guardian _____
Phone _____ Daytime _____ Cell _____
Second contact if parent/guardian cannot be contacted at time of emergency
Name _____ Relationship _____
Phone _____ Daytime _____ Cell _____
Address _____

INSURANCE INFORMATION Is the participant covered by family medical/hospital insurance?

Yes _____ No _____

If so indicate carrier or plan name _____ Group# _____

ALLERGIES (List all known) Describe reaction and management of the reaction

Medication Allergies (list)

Food allergies (list)

Camper current on all immunizations Yes _____ No _____

MEDICATIONS BEING TAKEN

This person takes NO medications on a routine basis _____ (Please X if this applies)

Should your child be in need of medications while at camp the nurses will have the following over the counter (OTC) medications available. Please indicate if your child may be administered these medications by checking the boxes below. We will administer these medications per package directions.

Pain/First Aid

- Tylenol
- Ibuprofen
- Visine (eye drops)
- Saline eye flush
- Hydrocortisone Cream
- Benadryl Cream
- Betadine
- Hydrogen Peroxide
- Neosporin
- Cough drops

Allergy

- Benadryl
- Zytac
- Allegra
- Claritin

Digestion

- Tums

Please list all medications (including over-the-counter or nonprescription 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.

This person takes medications as follows:

Med #1 _____ Dosage _____

Specific times taken each day _____ Reason for taking _____

Med#2 _____ Dosage _____

Specific times taken each day _____ Reason for taking _____

Med #3 _____ Dosage _____

Specific times taken each day _____ Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer.

RESTRICTIONS The following restrictions apply to this individual.

Dietary

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

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GENERAL QUESTIONS: Yes or No (Explain "yes" answers below)

1. Had an recent injury, illness or infectious diseases? _____
2. Have a chronic or recurring illness/condition? _____
3. Have problems with sleepwalking? _____
4. If female, have an abnormal menstrual history? _____
5. Have a history of bedwetting? _____
6. Ever had an eating disorder? _____
7. Ever had emotional difficulties? _____

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware

Name of family physician _____ **Phone** _____

Address _____

Name of family Dentist/Orthodontist _____ **Phone** _____

Address _____

PHOTOCOPY OF FRONT AND BACK OF HEALTH INSURANCE CARD MUST BE ATTACH TO THIS FORM

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek and consent to routine health care, administration of prescribed medications and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. In the event I, or the emergency contact, cannot be reached in an emergency, I hereby give permission to the Camp Director or his/her designee, to act as the parent/guardian concerning the health and welfare of the participant. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR and 164.510 (b) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian _____ Date _____

Release and Hold Harassment Agreement

As a participant in the Lutheran Girl Pioneer Camp program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume full risk of any injuries, damages or losses, which I may sustain as a result of participating in any and all activities connected with or associated with this program. I agree to waive and relinquish all claims against Marinette County and its officers, agents and employees I may have as a result of participating in the program. I do hereby fully release and discharge Marinette County and its officers, agents and employees from any and all claims from injuries, damages or losses, which I may have or may occur to me on account of my negligence during participation in the program or its activities.

I agree to indemnify, hold harmless, and defend Marinette County, its officers, agents and employees from all claims resulting from injuries, damages and losses sustained during and arising out of the activities of the program.

I have read, fully understand, and agree to the above Release and Hold Harassment Agreement.

Parent/Guardian Signature: _____

Participant Signature: _____ Date: _____

Forms can be sent with payment \$175.00 LGP member (\$200.00 Non- LGP member) Checks made out to Lutheran Girl Pioneers by June 1. Any questions Email girlpioneers@charter.net.

Lutheran Girl Pioneers
1225 Beverly Drive
Onalaska, WI 54650