

# 2015 CAMPER HEALTH FORM – LUTHER SPRINGS

Week _____ If attending a second week:	Program Name _____	Circle One: ONSITE, SERVANT
Week _____	Program Name _____	Circle One: ONSITE, SERVANT

Each camper **MUST HAVE** a completed 2015 health form on file with Luther Springs. A physical exam within the last 24 months of the camper's first day at camp must be validated on this form with a physician's signature or an attached physician-signed copy of the exam.

**Complete all 4 PAGES. Must have a PHYSICIAN'S SIGNATURE plus PARENT SIGNATURES in THREE SIGNATURE LOCATIONS. Submit by MAY 1, 2015. Make a copy for your records before sending.**

**For those registering after May 1<sup>st</sup>, please make every effort to complete and submit this form at least 4 weeks prior to camp to help us best prepare for your child's camp week.**

Name \_\_\_\_\_  
Last First (Name Used) MI

Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Parent/Guardian Names(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:**

**Emergency Contact #1** \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Physician name** \_\_\_\_\_ Phone \_\_\_\_\_

### Health Insurance Information

Luther Springs has secondary accident insurance. The parent/legal guardian's primary insurance is responsible for charges associated with an accident or illness.

Carrier Name \_\_\_\_\_

Carrier Address \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Holder's Date of Birth \_\_\_\_\_

If you have an Rx card Bin # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

### Signature Required for Participation if camper is under 18 years old.

**THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED.**

I hereby give permission to Luther Springs to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange necessary, related transportation, for me/my child.

In the event that I, or the Emergency Contact, cannot be reached in an emergency, I hereby give permission to the Health Care provider selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips off camp.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  Date \_\_\_\_\_

**PHYSICIAN'S EXAM: Physician must either complete this section of the health form or a copy of a signed, completed physical or sports physical from the last 24 months must be attached to this form.** Copies of health forms/physicals for campers from previous summers are archived and cannot be readily accessed. This information must be kept on file by the parent/guardian and resubmitted each year.

**Date of last exam** (must be within past 24 months of camp week) \_\_\_\_\_

Any physical condition requiring restriction(s) on participation in the camp program and a **description of that restriction** (please describe in detail – attach further documentation if needed)

Any current or on-going treatment or medications to be administered at camp (name, dosage, frequency)

Any modified nutritional /meal plan: \_\_\_\_\_

Yes or  No This applicant **can** participate in a weeklong resident camp program.

Yes or  No This applicant **can** participate in a camp program of high activity including backpacking, rock climbing and rafting.

Licensed physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PAST MEDICAL TREATMENT & HEALTH HISTORY**

Has/does the participant:	Yes	No		Yes	No
Had any recent injury, illness or infectious disease....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had high blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
Have a chronic or recurring illness/condition.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had back problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had problems with joints (eg. knees, ankles)....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had a head injury.....	<input type="checkbox"/>	<input type="checkbox"/>	Have any skin problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent ear infections.....	<input type="checkbox"/>	<input type="checkbox"/>	Had mononucleosis in the past 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever passed out during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Have problems with sleepwalking.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had chest pain during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Have a history of bed-wetting.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had seizures.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had an eating disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an operation.....	<input type="checkbox"/>	<input type="checkbox"/>	Been diagnosed as ADD or ADHD.....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" responses \_\_\_\_\_

Describe any current physical or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp.

Describe any camp activities from which the camper should be exempted for health reasons. \_\_\_\_\_

**Allergies:**  Hay Fever  Poison Ivy  Insect Stings  Food \_\_\_\_\_  Other \_\_\_\_\_

**Asthma:**  Severe  Moderate  Mild Triggers? \_\_\_\_\_

**Nutritional/dietary restrictions:** \_\_\_\_\_ Diabetic?  Yes  No Vegetarian?  Yes  No

Does camper have any medication allergies?  Yes  No If yes, list medication(s) \_\_\_\_\_

Has the camper had any of the following:  Measles  Chicken Pox  Mumps  German measles

Please attach immunization record or indicate **the date** (MM/YY) of the last immunizations/booster for:

DTP \_\_\_\_\_ MMR \_\_\_\_\_ Hepatitis B \_\_\_\_\_ HIB \_\_\_\_\_

Does the camper know how to swim?  Yes  No Is camper currently taking any prescribed or over-the-counter medicine?  Yes  No

If "yes", what medications? \_\_\_\_\_

Which of these medications will the camper be bringing to camp? \_\_\_\_\_

**ANY MEDICATIONS TO BE TAKEN AT CAMP MUST BE IN CLOSED VIALS WITH ORIGINAL PHARMACY LABELS INTACT. PLEASE COMPLETE THE MEDICATION FORM FOUND ON THE FORMS PAGE OF OUR WEBSITE AND BRING IT TO CHECK-IN.**

LUTHER SPRINGS CAMP AND RETREAT CENTER  
PARTIAL WAIVER AND RELEASE OF LIABILITY

READ CAREFULLY BEFORE SIGNING

In consideration of Lutheran Outdoor Ministries of Florida furnishing services and/or equipment to enable me to participate in a variety of outdoor and recreational activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers, and hazards and such exists in my use of outdoor recreational equipment, transportation to, and my participation in outdoor recreational activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my participation in each outdoor and recreational activity or retreat that is provided by or on behalf of Lutheran Outdoor Ministries of Florida for the age group in question (which may include, among other things, camping, hiking, canoeing, playground activities, and swimming). I, on behalf of myself, and my personal representatives hereby waive, release and discharge Lutheran Outdoor Ministries of Florida, its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of Lutheran Outdoor Ministries of Florida and its respective agents and employees. I further waive, release and discharge Lutheran Outdoor Ministries of Florida for any claim arising from participation in any programs, service, or other outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which Lutheran Outdoor Ministries of Florida, or its agents is a party shall be the General Court of Justice, Putnam County, Florida. I understand and acknowledge that this Waiver and Release and any claim arising herein shall be interpreted pursuant to the laws of the State of Florida, which shall be controlling in all respects and at all times.

I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE LUTHER SPRINGS CAMP AND RETREAT CENTER, LUTHERAN OUTDOOR MINISTRIES OF FLORIDA, AND THE FLORIDA/BAHAMAS SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

\_\_\_\_\_  
PARTICIPANT NAME (PRINT)

\_\_\_\_\_  
PROGRAM OR RETREAT DATES

\_\_\_\_\_  
SIGNATURE (If 18 years of age or older)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN  
(If less than 18 years old)

\_\_\_\_\_  
DATE

**TRANSPORTATION AND PHOTOGRAPH PERMISSION**

I hereby allow my child to be transported for off-site outings and photographed for possible inclusion in Luther Springs/NovusWay publications or the Luther Springs/NovusWay website.

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN\*

\_\_\_\_\_  
DATE

**\*Signature of Custodial Parent or Guardian Required**

**Luther Springs wants to provide your child with the best possible camp experience and is interested in the spiritual, physical and social growth of your child. The following information will help your our staff meet his/her needs in the best way possible.**

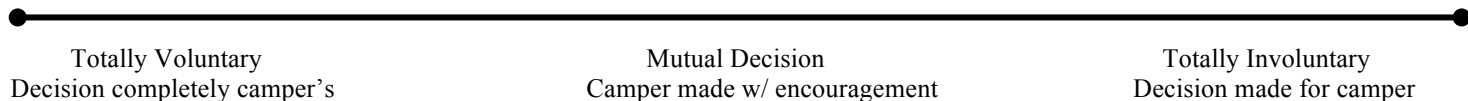
Camper's Name \_\_\_\_\_ Grade just completed \_\_\_\_\_

- Camper is attending an overnight camp for the first time.
- Camper has attended another overnight camp, but this is his/her first time at Luther Springs.
- Camper has attended Luther Springs before. Number of years: \_\_\_\_\_
- I have other children attending Luther Springs the same week.

Names/Grades \_\_\_\_\_  
\_\_\_\_\_

Please describe camper's feelings about attending camp. \_\_\_\_\_  
\_\_\_\_\_

Use the following scale (put a mark) to let us know how the decision was made for this camper to attend camp.



Does camper often get homesick when spending the night away from home? \_\_\_\_\_

Are there any major events or significant situations of which we should be aware?  
\_\_\_\_\_  
\_\_\_\_\_

Has this camper had any negative camp experiences of which we should be aware?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any concerns this camper is addressing that would be helpful for us to know?  
\_\_\_\_\_  
\_\_\_\_\_

What camp activities do you think this camper will enjoy the most?  
\_\_\_\_\_

Anything else you'd like us to know that would help us give this camper the best camp experience possible?  
\_\_\_\_\_  
\_\_\_\_\_

**Thanks for the information. Please know staff working directly with your child will only read it.  
WE LOOK FORWARD TO HAVING YOUR CHILD AT CAMP!**

Please scan and email to [info@lomfla.org](mailto:info@lomfla.org), fax to 352-546-1469, or mail to Luther Springs, 264 Vause Lake Rd., Hawthorne, FL 32640