Health History and Photo Release for Day Camp Programs at Lutherans Outdoors in South Dakota

Camper Name _____ **DOB** ____/____/_____ **Gender** _____ **Age** _____

Parent/Guardian Name(s) _____

Address _____
Street City State Zip

Day Phone ( ) _____ Night Phone ( ) _____ Cell Phone ( ) _____

Emergency Contact _____ **Relationship to Camper** _____

Address _____
Street City State Zip

Day Phone ( ) _____ Night Phone ( ) _____ Cell Phone ( ) _____

Please list the names and phone numbers of all other individuals whom LOSD may release the camper to:

_____

Please list all allergies, including the symptoms of reaction and treatment plan:

_____

Please list any dietary restrictions: _____

Please describe any activity restrictions: _____

Please list any medications, dosages, and instructions for any medications to be used at camp:

_____

Please list any medications, dosages, and instructions for medications taken at home:

_____

Please describe any past or present physical or psychological conditions requiring medication, treatment, or special consideration while at camp:

_____

The participant's immunizations must be up to date. A copy of immunizations is not required, only the date of the last tetanus shot. Please initial to verify that all immunizations are up to date. **Initial:** _____

Date of last Tetanus Shot: _____/_____/_____

I willingly agree to allow Lutherans Outdoors, by means of photography and video, to publish photographs and/or video of my child for advertising purposes in all forms of media. Yes ____ No____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the camp health care personnel to provide routine health care and to administer medications brought to camp; and to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. **In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.**

Parent/Guardian Signature _____ **Date** _____