

Health History & Authorization Form

Camp Luz • 152 Kidron Road • Orrville, OH 44667

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(This side to be filled in by parents/guardian of minors or by adult campers/staff members themselves)

Name _____ Birthdate _____ Age _____ M / F
Last First Initial

Parent or Guardian (or Spouse) _____

Home Address _____
Street & Number City State Zip

Phone (____) _____ Work Phone (____) _____

Second Parent or Guardian or Emergency Contact _____
Relationship

Phone (____) _____

If above contacts are not available, notify: _____ Phone (____) _____
Relationship

Health History:

(Check. Give approximate dates.)

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension
- _____ Other _____

Allergies: (Dates not needed)

- _____ Hay fever, asthma
- _____ Poison Ivy, etc
- _____ Insect Stings
- _____ Dust, mold
- _____ *Food (see line at right)
- _____ Medicine

Explain:

(Use other side if necessary)

Date of last Tetanus Shot _____

Has this camper ever had any operations or serious injuries?

(Dates) _____

Disability or chronic or recurring illness? _____

Activities limited by doctor? _____

*Dietary modifications? _____

Current medications (including herbs/holistic medicines. Include instructions – bring in original containers with original labels.)

Family Physician _____ Phone(____) _____

Dentist/Orthodontist _____ Phone(____) _____

Date of last physical examination _____

Suggestions on health related information for camp staff _____

For Females

Has this person menstruated? _____ If not, has this been explained to her? _____

If so, is her menstrual history normal? _____ Special consideration _____

Authorization for Treatment: In signing this document, I certify that the above information is correct and give permission for the release of these medical records in the case of illness/injury. The person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the Camp Nurse to administer the medications(s) listed above. I also give permission to the Camp Nurse and First Aid certified staff to perform treatment for minor injuries/illnesses and/or provide emergency transport to a doctor or hospital and for hospital personnel and/or a licensed physician to perform any emergency treatment deemed necessary. The completed form may be photocopied for trips out of camp (e.g., God's Hollow).

Signature of parent/guardian or adult camper/staff _____ Date _____

Signature of parent/guardian (when two signatures are required) _____

General Consent and Release Form

By registering my child for camp, I give my permission for my child to participate in the program(s) of Camp Luz. It is expressly understood and agreed that Camp Luz shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of Camp Luz, or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of the employee of Camp Luz acting within the scope of his/her employment.

I give my consent for any images (slides, photographs, video, etc.) taken by Camp Luz employees, or its agents, in which my child may appear, to be used for publicity, promotion or publications.

Check here if images of your child may not be used

Date _____ Parent or Guardian _____

Release Form

Please complete and bring this form to registration. At the conclusion of the program the camper will only be released to the person(s) listed on the form according to the information provided below. The person picking up the camper MUST sign the camper out before leaving with the camper. Sign out will take place on the chapel porch.

Please notify us if there is a change in these plans. Thank you!

Camper's name _____

Will be picked up on (date) ____ / ____ / ____ by the following person(s):

Parent/Guardian signature _____ Date _____

Counselor _____ Released To _____ Date _____