

Camp Luz Camper Medical Form and Release

Please complete this form and bring it with you to camper check-in.

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

Home Address _____
Street & Number City/State/Zip

Contacts

Parent or Guardian 1 _____

Phone 1 (____) ____-____ Home Mobile Work Phone 2 (____) ____-____ Home Mobile Work

Parent or Guardian 2 _____

Phone 1 (____) ____-____ Home Mobile Work Phone 2 (____) ____-____ Home Mobile Work

Additional Emergency Contact *(if unable to reach Parent/Guardian)*

Contact Name _____ Relation to camper _____

Phone 1 (____) ____-____ Home Mobile Work Phone 2 (____) ____-____ Home Mobile Work

Primary Care Physician _____ Phone (____) ____-____

Dentist/Orthodontist _____ Phone (____) ____-____

Health History

Check all that apply

____ Frequent Ear Infections

____ Heart Defect/Disease

____ Seizures

____ Diabetes

____ Bleeding/Clotting Disorder

____ Hypertension

____ Other _____

**Does the Camper take any medications,
including suppliments?**

Yes No

*If Yes, Complete the Medication section on
Page 2.*

**Does the Camper have
Allergies?**

Yes No

*If Yes, Complete the Allergy
section on Page 2.*

Date of last Tetanus Shot _____

Has the camper received a COVID vaccination? Yes No

If 'Yes', list manufacturer and date(s) received? _____

Disabilities or Chronic or Recurring Illness _____

Major Illnesses or Injuries *(please include dates)* _____

Physical Restrictions _____

Dietary Restrictions ? Yes No *(If Yes, complete the dietary restriction question in the Allergy section on page 2.)*

Mental Health Considerations _____

Additional information that may be helpful for Camp Staff to know _____

For Females, has the camper menstruated? Y N Unknown *If 'no' or 'unknown', has this been explained to her? Y N*

Special Considerations? _____

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 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 off-site trips.

Signature of Parent or Guardian _____ Date _____

Signature of second Parent or Guardian *(if need)* _____ Date _____

Camp Luz Camper Medical Form and Release (continued)

Camper Name _____ Birthdate _____
Last First Middle Initial

Medications

Please list all current medications, including supplements, and when they are typically given.

(All medications must come to camp in original containers with original labels.)

Medication **Dose Size** **Schedule** (breakfast, lunch, dinner, bedtime, other)

Allergies (If no Allergies or Dietary Restrictions, skip to page 3.)

Check all that apply

Seasonal Allergies Which season/triggers? _____

Poison Ivy/oak

Insect Stings Which Insects? _____

Dust/Mold

Food Provide details in next question

Medication Which Medications? _____

Other _____

Please list any Dietary Restrictions or Food Allergies

What does a typical reaction look like?

Does the camper have emergency medication like a rescue inhaler or epi-pen? **Yes No**

*If yes, are they trained to use it and able to administer it on their own? **Yes No***

Should they have it with them at all times, or should it be kept in the nurse's station? _____

Please make sure emergency medications are listed in the medication section on above.

Additional notes regarding allergies or restrictions:

General Consent and Release

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

Parent or Guardian Signature _____ Date _____

Release Form

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, and may be asked to provide identification. Please notify the camp office if there is a change in these plans.

Camper's name _____

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

Parent or Guardian signature _____ Date _____

LEAVE THIS SECTION BLANK

Released To _____ Signature _____
(print name)

Date _____ Staff Initials _____