

# 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 \_\_\_\_\_

## COVID-19 Declaration

I understand that any group activity carries risk of disease transmission, including transmission of the coronavirus which causes COVID-19. I further understand that Camp Luz programs are group activities and, even with measures in place to prevent and/or limit disease spread at camp, there is risk of participants contracting COVID-19 or other illness.

I attest that my camper, \_\_\_\_\_, has had limited contact with people outside of our household and practiced appropriate mask wearing when contact with others was unavoidable for the 14 days prior to arrival at Camp Luz. He or she has also been monitored for symptom of COVID-19, including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea, and has not presented these symptoms. He or she has also not been in close contact with anyone with a confirmed or suspected case of COVID-19 in the past 14 days.

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 \_\_\_\_\_