

# CAMP MOUNT LUTHER REGISTRATION/HEALTH FORM

*Camp Mount Luther requires a thorough health history and immunization record. In cases of questionable health, or at the discretion of the parents or camp health supervisor, a physical exam may be required.*

Camper Last Name:	First:	Age:	Birth Date:	Gender:
Home Address:	City/State/Zip:	Home Phone:	Camper E-Mail (if they have one):	
Parent Name:	Preferred Phone:	Alternate Phone:	E-Mail:	
Parent Name:	Preferred Phone:	Alternate Phone:	E-Mail:	

## HEALTH INFORMATION

**Restrictions while at camp:**

**Food Allergies and Diet Restrictions:**

**Other Allergies** (including medications, plants, and insects):

☐ Check here to indicate that the camper's immunizations required for school are up to date. (Can attach a list)

\*\*\*List here the date (month/year) of last tetanus shot:

## INSURANCE INFORMATION

Does insurance require MD approval prior to care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, indicate phone number to call:
Medical Insurance Carrier/Plan Name & Group Number:	Insurance ID Number:	Guardian Name on Policy:

## EMERGENCY CONTACT

Name of friend or relative (not living at same address):	Relationship:	Preferred Phone:	Alternate Phone:
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## CONSENT AND RELEASE PERMISSION

*If this form is used for off-site day camps, "camp" refers to personnel at congregation and/or the Mount Luther staff.*

- I hereby give consent for camp personnel to give over-the-counter medications should it be necessary. I understand that Camp Mount Luther and its employees are not responsible for untoward effects of nonprescription medications.
- I give the camp permission to dispense my child's prescription medication as listed.
- I hereby give permission to the medical personnel selected by the camp administration to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatments, including hospitalization, for the above named person. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. This completed form may be photocopied for trips out of camp.
- I am interested in the policies, goals and programs of Camp Mount Luther and hereby give permission to my child to participate in the programs and activities of the camp he or she may attend. In the event hikes, field trips or camping trips are planned away from the camp as part of the camp program under the direction of the camp administration, my camper has my permission to participate in such activities. Any photos or video recordings taken in which my child appears may be used for promotion of camp and its related entities free of any claims. I have read the refund policy and agree to the provisions contained in it.

Signature (of parent if under 18):

Date:

**X**