

Please deliver or mail this form to Bethany Lutheran Church, 4330 NE 37th, Portland, OR 97211.

DAY CAMP REGISTRATION & HEALTH FORM

Camper's Familiar Name _____

Grade Completed (as of camp) _____ M () F () Birthdate _____ Age as of camp _____

Parent /Guardian Name _____

Mailing Address _____

City _____ St _____ Zip _____

Day Phone _____ Night _____ Cell _____

Home Church _____ City _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____

Address _____

City _____ St _____ Zip _____

Day Phone _____ Night _____ Cell _____

Relationship to camper _____

HEALTH HISTORY

CONDITION	NO YES	If YES: Current And/or Past problem	CONDITION	NO YES	If YES: Current And/or Past problem	CONDITION	NO YES	If YES: Current And/or Past problem
Measles, Mumps, Rubella	No Yes	Current Past	Disease or injury to joints or back	No Yes	Current Past	Infectious Mononucleosis	No Yes	Current Past
Epilepsy or convulsions	No Yes	Current Past	Tumor, Cancer, Cyst	No Yes	Current Past	Infectious Hepatitis	No Yes	Current Past
Ear, Nose, or Throat trouble	No Yes	Current Past	Heart Disease or Problems	No Yes	Current Past	Frequent Ear Infections	No Yes	Current Past
Anxiety or Depression	No Yes	Current Past	Frequent Colds	No Yes	Current Past	ADD or ADHD	No Yes	Current Past
Eating Disorders	No Yes	Current Past	Stomach or Intestine Trouble	No Yes	Current Past	Bed Wetting	No Yes	Current Past
Recurrent Headaches	No Yes	Current Past	Dizzy Spells or Fainting	No Yes	Current Past	Home Sickness	No Yes	Current Past
Asthma	No Yes	Current Past	Diabetes	No Yes	Current Past	Menstrual Problems	No Yes	Current Past

Comments, Other Issues, and or list surgeries:

Does your child have any physical limitations we should know about?

FAMILY MEDICAL INSURANCE

Insurance Company _____	Phone Number _____
Policy # _____	Subscriber Name _____
Group # _____	

ALLERGIES

			Type of Reaction: Please mark which apply			
Type of Allergy	No (Please circle one for each type of allergy)	Yes	Describe/Specify Allergen	Mild	Moderate (Swelling of entire extremity or severe rash)	Severe (Systemic Response/ <u>Difficulty Breathing</u>)
Food	No	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	No	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (animal, plant, insect, etc...)	No	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	No	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMMUNIZATIONS

Vaccination	Most Recent Date	Vaccination	Most Recent Date	Vaccination	Most Recent Date
Measles, Mumps, Rubella (MMR)		Hib		Chicken Pox (or had the disease)	
Diphtheria/Tetnus (DPT)		Polio		Influenza	
Hepatitis A		Hepatitis B		Others:	
Date of last Physical Exam:		Physician Name:		Physician Phone:	

CONSENT FOR MEDICATIONS

Please mark each medication trained medical staff are allowed to administer, in accordance with recommended package dosing for the specific indication(s) below.					
Acetaminophen (i.e. Tylenol): For mild fevers or discomforts	No	Yes	Creams (i.e. Calamine, Aloe Vera) For itching, sunburns, or insect bites	No	Yes
Ibuprofen (i.e. Advil, Motrin): For mild fevers, discomforts, or inflammation	No	Yes	Cough/Cold Medicines (i.e. Sudafed, Nyquil) For allergy symptoms or colds	No	Yes
Aspirin (i.e. Bayer): For mild fevers or discomforts	No	Yes	Benadryl: For allergy symptoms	No	Yes
Throat Lozenges: For coughs or sore throats	No	Yes	Antacids: (i.e. Pepto Bismal, Tums) For upset stomachs or heart burn	No	Yes
Antidiarrheals: (i.e. Kaopectate)	No	Yes	Permission to follow recommendation by Oregon Poison Control:	No	Yes

I hereby give informed and expressed consent for my child to take part in all camp activities under supervision, and agree that the Day Camp or Day Camp personnel will not be held responsible for accidents arising therefrom. I authorize the Day Camp Healthcare Provider and/or designated Day Camp staff/volunteer to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while at Day Camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

I also consent to the use of any photograph of my child or family in future Lutherwood publications.

Parent Guardian Signature

Date