



Health History Form

Green Lake Lutheran Ministries
9916 Lake Ave S, Spicer, MN 56288 320-796-2181

Camper Legal Name _____ Birthdate ____/____/____
Last First MI

Height _____ Weight _____ Last Exam Date _____

Medical information must be provided for your camper to attend camp and to ensure their safety and well-being. This information will be used as needed. For example, if your camper has a mild headache, our health staff would refer to this information to see if Tylenol or Ibuprofen could be given. If they have a cut that requires antibiotic cream, we would refer to this information. Our camp staff will take care of these minor instances. However, should a more serious or persistent health concern arise, our staff will call you to keep you informed. Examples might include (but are not limited to) persistent vomiting, fever, or anything that would require outside treatment at a clinic or hospital. If an injury or illness is impacting your camper's participation at camp, we will notify you.

1st Parent or Guardian Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

2nd Parent or Guardian Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact (other than parent/guardian) _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Does your family carry health insurance? Yes | No

Insurance Company/Plan Name _____ Company Phone _____

Policy or Group Number _____ Full name of Policy Holder _____

Camper's Physician _____ Phone _____

Dentist/Orthodontist _____ Phone _____

Medications If your camper will require medication to be administered at camp, please note that ALL medications must be kept in the Health Center. ALL medications must be in an original pharmacy container with correct name, date, and instructions on the bottle. We are unable to give campers medications not following this protocol. *Upon arrival at camp, you will be able to talk with the Health Aide in detail about these medications.*

Medication Name	Time Taken and Dosage	Additional Information

Does your camper regularly take any medications that will not be taken at camp? *Yes | No *If yes, please explain what medications your camper takes regularly and why they are taken. _____

Will your camper require any treatments while at camp? *Yes | No *If yes, please explain what treatment(s) must be given to your camper, including the frequency. _____

Has your camper had any operations? If so, please explain the operation(s), including date(s). _____

**It is important to note if prior operation(s) will affect your camper's health while at camp.*

Has your camper ever been hospitalized or had a serious injury? *Yes | No *If yes, please explain the reason(s) for hospitalization(s) or the serious injury(ies) and the dates they occurred. _____

**It is important to mention any signs of illness that camp staff should look out for.*

Does your camper have any restrictions on activity? *Yes | No If yes, please explain what activities must be restricted and list any special accommodations that should be made. _____

Has your camper experienced or is your camper currently experiencing any of the following conditions?

If so, please check and explain below.

- ADD/ADHD
- Asthma/Inhaler
- Back Pain or Injury
- Bedwetting
- Blackouts/Fainting
- Concussion
- Diabetes
- Ear Infections
- Eating Disorder
- Epilepsy
- Hay Fever
- Headaches
- Heart Disease
- Menstrual Difficulties
- Mental Health Concerns
- Respiratory Ailments
- Seizures
- Other _____

Explain as needed _____

Has your camper had or does your camper currently have:

- Chicken Pox (Varciella)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- German Measles
- Red Measles
- Mono (in past year)
- Mumps
- Rheumatic Fever
- Scarlet Fever
- Whooping Cough

Explain as needed _____

Please check the over-the-counter medications that you grant permission for GLLM staff to administer to your child if needed:

- Acetaminophen (Tylenol)
- Aloe Vera
- Antacids
- Antibiotic Cream
- Antihistamines (Benadryl/Diphenhydramine)
- Aspirin (ASA)
- Calamine Lotion
- Cough Drops
- Hydrocortisone Cream
- Ibuprofen (Advil)
- Insect Repellent
- Lice Shampoo
- Pepto Bismol
- Robitussin
- Robitussin DM
- Sore Throat Spray
- Sudafed
- Sunburn Spray (Solarcaine)
- Sunscreen

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your camper? _____

If any over-the-counter medications are sent to camp with your camper, they must be in the original package.

Does your camper have any allergies to food, drugs, or other environmental allergens? *Yes | No

*If yes, please list reaction details, dates and descriptions. _____

Does your camper require an EpiPen? *Yes | No *If your camper requires an EpiPen, please provide an EpiPen for use while at camp.

*If yes, please provide details about your camper's anaphylaxis including date and description of the reaction. _____

Does your child have any dietary restrictions? Please explain. _____

Will your camper require any special assistance while at camp? *Yes | No *If yes, please explain what assistance will be required. _____

Please list any other medical information the camp should have about your camper. _____

Immunizations We require that all campers are up-to-date on required immunizations for the state of Minnesota. **We require the date of your child's last tetanus shot.** All other immunization records will be assumed complete unless you indicate they are not below. If religious objections or medical reasons mean that your child is not up-to-date, it is assumed that you understand and accept the risks to your child.

Date of last Tetanus booster: _____

- Camper is up-to-date on all immunizations required by the School Immunization Law in Minnesota.
- I understand and accept the risks to participant by not being fully immunized.

Signature of Parent/Guardian _____ Date _____

Important Information *For everyone's safety, State Law requires that ALL medications brought to camp must be kept in the Health Center. The only exceptions to this rule are Rescue Inhalers and Epi-Pens. Campers are allowed to visit the Health Center as needed to receive their daily medication. All medications must be in an original pharmacy container with the correct name, date, and instructions on the bottle. The camp cannot give campers any medications that are improperly labeled or not prescribed by a physician/practitioner. Over-the-counter medications should not be brought to camp by campers; we have common over-the-counter medications in stock. Accordingly, Standing Orders for Health Care are provided for the camp by a licensed physician at the New London APMC. This allows the GLLM Health Aide(s) to administer first aid and dispense medications.*

Parent or Legal Guardian Authorization **must be completed for attendance**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to engage in all camp activities, except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information in this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian _____ Date _____

If there are other health or other concerns that you would like us to know, please feel free to use the space below to explain. Examples might be if your child has a tendency to sleepwalk, if a significant life event has happened recently that might impact your child's emotional well-being while they are at camp, or if they are menstruating and may need support. As always, if you have any questions or concerns that you would like to talk to us about, please call. Communication from home is a helpful part of making the camp week great.