

## Voyageurs Lutheran Ministry Health Form

Please print clearly. This form will be copied. Use a separate form for each camper.  
Health information on this form is gathered to assist us in identifying appropriate care.

***This form should be returned to the camp office by June 1. 1325 N 45th Ave E Duluth, MN 55804***

Camper Name \_\_\_\_\_ Date / Camp attending \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

Camper Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_

Home phone (if different) \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

**Allergies:** *(check those which apply to this camper)*

\_\_\_\_\_ This camper has no known allergies

\_\_\_\_\_ This camper has an allergy to the following food(s): \_\_\_\_\_  
Describe the reaction if this food is eaten and what is done to manage it: \_\_\_\_\_

\_\_\_\_\_ This camper is allergic to the following medication(s): \_\_\_\_\_

\_\_\_\_\_ This camper is allergic to the following: \_\_\_\_\_  
Describe the reaction and what is done to manage it: \_\_\_\_\_

**Diet:** *Check those which apply to this camper. We will work meet any medical dietary restrictions but cannot cater to individual food preferences. Please call if you have a question about diet.*

\_\_\_\_\_ This camper eats a regular, varied diet.

- \_\_\_\_\_ This camper eats this type of diet:
- \_\_\_\_\_ Gluten free
  - \_\_\_\_\_ Semi-vegetarian (no beef or pork)
  - \_\_\_\_\_ Vegetarian (no meat)
  - \_\_\_\_\_ Vegan (no meat, eggs, or dairy)
  - \_\_\_\_\_ Dairy free
  - \_\_\_\_\_ Lactose-intolerant, self-managed

**Medication:** *Provide complete information. Bring enough medication to last the entire session. ALL medication MUST be in original pharmacy containers and appropriately labeled.*

\_\_\_\_\_ This camper does not take routine medication.

\_\_\_\_\_ This camper takes routine medication (including vitamins) as follows (attach more information if needed):

Name of medication _____	Name of medication _____
Reason for taking _____	Reason for taking _____
Dosage _____	Dosage _____
When med is taken _____	When med is taken _____

The following medications (or generic equivalents) are on hand in our Health Center. They are used and dispensed as directed by our medical protocols. ***Cross out those which your child should not be given.***

- |                            |                         |                                |                                |
|----------------------------|-------------------------|--------------------------------|--------------------------------|
| <i>Acetaminophen</i>       | <i>Benadryl tablets</i> | <i>Benadryl Cream</i>          | <i>Ibuprofen</i>               |
| <i>Cough drops</i>         | <i>Alka-Seltzer</i>     | <i>Tums</i>                    | <i>Cough Suppressant</i>       |
| <i>Cold/Sinus Medicine</i> | <i>Eye drops</i>        | <i>Chewable Tylenol</i>        | <i>Children's Tylenol Cold</i> |
| <i>Desitin Cream</i>       | <i>Aloe</i>             | <i>Triple Antibiotic Cream</i> | <i>Hydrocortisone Cream</i>    |

**Immunizations:** (please provide the month and year)

\_\_\_\_\_ DPT Permanent Shots (series of 3)  
\_\_\_\_\_ Tetanus Booster  
\_\_\_\_\_ Polio Immunization  
\_\_\_\_\_ MMR (Measles, Mumps, Rubella)  
\_\_\_\_\_ Hepatitis B  
\_\_\_\_\_ Haemophilus influenza b (Hib)

**Swimming Ability:**

\_\_\_\_\_ Non-swimmer  
\_\_\_\_\_ Beginner - minimal swimming skills; avoids deep water  
\_\_\_\_\_ Intermediate - comfortable in deep water

**General History:** Circle "yes" or "no" for each statement

Has/does the camper:

Have asthma/wheezing/shortness of breath? .....yes no  
Have diabetes? .....yes no  
Had seizures? .....yes no  
Have headaches/migraines? .....yes no  
Have frequent ear infections? .....yes no  
Had chicken pox? .....yes no  
Had mononucleosis in the past 12 months? .....yes no

Have difficulty hearing? .....yes no  
Have problems with falling asleep/sleepwalking? .....yes no  
Have a history of bedwetting? .....yes no  
Typically make noises while sleeping?(snores, talks, etc) yes no  
Usually get up an night to use the bathroom? .....yes no  
Wear glasses, contacts or protective eyewear? .....yes no  
Recently been taken off a medication? .....yes no

For girls: knows about menstruation and/or has a normal menstrual history.....yes no

**Please explain "YES" answers in the space below.**

**Restrictions:**

\_\_\_\_\_ I have reviewed the program and activities of the camp and feel my child can participate without restrictions.  
\_\_\_\_\_ I have reviewed the program and activities of the camp and feel my child can participate with the following restrictions or adaptations: **(Please describe below)**

**What have we forgotten to ask?** Provide additional information about your child's health which may have been neglected on this form. Also, if there are life events or other things of which our staff should be aware regarding your child, please include them here.

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Information:** In the event that your child needs to be seen by someone other than our Health Care Manager, it is helpful for us to have insurance information to pass onto the treating hospital or clinic.

Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

My child has permission to participate in all aspects of the program at Voyageurs Lutheran Ministry except as noted. I hereby give my permission to the physician selected by Voyageurs Lutheran Ministry to secure proper treatment, to hospitalized, to order injection, anesthesia, x-ray or surgery for my child as named above. Voyageurs Lutheran Ministry will make every effort to contact me if my child needs emergency medical-surgical treatment. I understand that my insurance has primary coverage and Voyageurs Lutheran Ministry insurance is secondary. I also give permission for any picture taken of my child to be used for promotional purposes, including the VLM website and Social Media pages.

**Parent or Guardian signature** \_\_\_\_\_ **date** \_\_\_\_\_