

Concordia Lutheran Summer Camp Student Health Information & Consent

Summer 20_____

Student's Name: _____

Birthday: _____ - _____ - _____

Student's Health History:

ALLERGIES(food, drug, insect, seasonal) <i>(circle)</i> List triggers _____ Emergency Medication _____	Yes No Yes* No	Explain	MEDICATIONS (List all prescribed & over-the-counter meds taken regularly) <i>(circle meds to be given at school)**</i>	
Diagnosis of ASTHMA Wakes at night coughing List Triggers _____ Emergency Medications- _____	Yes* No Yes No Yes* No		Hospitalizations	Yes No No
Birth Defects	Yes No		Surgeries	Yes No
Developmental delay	Yes No		Serious injury or illness	Yes No
Blood disorders	Yes No		TB skin test positive (past or present)	Yes No
Diabetes	Yes* No		TB Disease (past or present)	Yes No
Head Injury/Concussion/Passed out	Yes No		Loss of function of one of paired organs (eye/ear/kidney, testicle, etc.)	Yes No
Seizures (type and frequency)	Yes * No		ADHD Medication? _____	Yes No Yes No
Heart problems/murmur/shortness of breath Physical restrictions	Yes No Yes No		Anxiety	Yes No
Frequent headaches	Yes No		Frequent nosebleeds	Yes No
Dizziness or chest pain with exercise	Yes No		Family History of sudden death before 50	Yes No
Eye/Vision Problems Glasses contacts lazy eye other <i>(circle)</i>	Yes No Yes No		Dental Issues Braces bridge/plate other <i>(circle)</i>	Yes No No Yes No
Ear/Hearing problems Tubes (currently in place) Which ear(s) _____ Frequent ear infections	Yes No Yes No Yes No		Other Health Concerns	Yes No
Bone or joint problems/injury/scoliosis Physical restrictions	Yes No Yes No		Parent Signature	Date _____

** If YES circled, please complete an Individualized/Emergency Care-Action Plan (i.e.: Allergy, Asthma, etc.) for your student (forms available from the school office)*

***If medication to be given daily at school, please complete an "Authorization for Administration of Medication" Form (available from the school office)*

Emergency Contacts & Parental Consent

In consideration of Concordia Lutheran School permitting my child to participate in all activities relating to school, I assume responsibility for my child's participation and agree that CLS will not be held liable for any claims or demands of any nature whatsoever which may arise by or be in connection with my child. I further certify that I, the parent or guardian, consent to the performance of emergency treatment as deemed necessary by the summer camp personnel as a result of injury while participating in summer camp activities. I understand that every attempt will be made to contact me prior to such treatment, but in the event that no contact is possible, I authorize the summer camp to act on my behalf. I further agree that if the physician and hospital of my choice is not available in an emergency, the school will send my child to the nearest available hospital. The information on this form may be shared with the appropriate summer camp and emergency personnel for the educational and/or health needs of the student.

Physician of Choice _____ Phone _____ Hospital of Choice _____

Insurance Carrier _____ Policy Number _____

Two adults who will assume responsibility for the child if the parents/guardian cannot be reached:

Name _____ Relationship _____ Phone#1 _____ Phone#2 _____

Signature of Parent/Guardian _____ Date _____

OVER →

Name _____ Relationship _____ Phone#1 _____ Phone#2 _____

Permission for Administration of Discretionary Medication

- Tylenol (acetaminophen)
 Advil (ibuprofen)
 Chewable Antacid
 I do NOT want any discretionary medication given to my child at summer camp

In accordance with the Concordia Lutheran School Regulations on administering medications in the schools, I authorize the Concordia Lutheran staff to provide for my child the medications *I have initialed* (or their generic equivalent), according to the appropriate dosage for my child's age and weight. I waive any claims I might have against the summer camp, its employees, and agents arising out of the administration of said medication. In addition, I agree to release, hold harmless, and indemnify the summer camp and its employees from any and all claims, damages, causes of action or injury incurred or resulting from the administration of said medication.

CLS may administer epinephrine (Epi-Pen) to any student experiencing severe allergic reaction as per school policy.

Parent/Guardian Signature _____ Date _____ Child's Weight _____ lbs.

In the event of a head lice outbreak at school, I give permission for the school nurse to screen my child's hair, as necessary, to help prevent its spread.

Parent/Guardian Signature _____ Date _____

-----For office use only----- →

Date	Time	Notes	Init.

Concordia Lutheran Summer Camp

Summer 20__

Student's Name _____ Birth Date ____ - ____ - ____

Grade in the Fall ____ T-shirt size: (circle) Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Home Address _____ City _____ Zip _____

Father's Name _____ Home Phone () _____ Cell () _____

Email _____

Place of Employment _____ Work Phone () _____

Mother's Name _____ Home Phone () _____ Cell () _____

Email _____

Place of Employment _____ Work Phone () _____

Student Lives With _____ (Please circle the phone number to be called/texted first)

-Please mark the week(s) your child will be attending. -If your child is only attending certain days, please circle which days they will be attending each week.	
Week 1 June 8 - 12 M T W Th F	Week 6 July 13 - 17 M T W Th F
Week 2 June 15 - 19 M T W Th F	Week 7 July 20 - 24 M T W Th F
Week 3 June 22 - 26 M T W Th F	Week 8 July 27 - 31 M T W Th F
Week 4 June 29 - July 2 M T W Th	Week 9 August 3 - 7 M T W Th F
Week 5 July 6 - 10 M T W Th F	_____

Office Use Only:
 Registration Fee:

_____ \$55 before April 20
_____ \$65 after April 20

_____ Health Info/Consent Form