



LOMC Summer Camper Health History

Camper Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Gender _____ Current Grade _____ Birth Date _____
 Parent/Guardian Name _____ Work Phone (____) _____ Cell Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Church _____ City _____ State _____ Zip _____
 Camper Week _____

Health History

None _____

Diseases/Conditions:
 (Give approximate dates)
 _____ Ear Infections
 _____ Heart Defect/Disease
 _____ Siezures
 _____ Diabetes
 _____ Bleeding/Clotting Disorders
 _____ Hypertension
 _____ Mononucleosis
 _____ Asthma
 _____ Measles
 _____ Chicken Pox
 _____ German Measles
 _____ Mumps
 _____ Hepatitis
 _____ Other _____

Food Allergies

None _____

Life Threatening

__ Dairy Yes No
 __ Grain Yes No
 __ Eggs Yes No
 __ Seafood Yes No
 __ Meat Yes No
 __ Peanuts Yes No
 __ Other Nuts Yes No
 __ Other _____

Medical Allergies

None _____

Life Threatening

__ Hay Fever Yes No
 __ Bee Stings Yes No
 __ Penicillin Yes No
 __ Other Drugs Yes No
 __ Other _____

Emergency Information

Emergency Contact Person (Other than Parent)

 Phone (____) _____
 Family Doctor _____
 Phone (____) _____

Immunizations (if current/up to date)

_____ DPT Permanent Shots
 _____ TD (tetanus/diphtheria)
 _____ Tetanus booster Date (MMYY) _____
 _____ Polio Immunization
 _____ MMR (Measles, Mumps, Rubella)
 _____ Hepatitis B
 Pos Neg Tuberculosis Test

Chronic or recurring illness or medical condition that may affect camp life

Do we have your permission to administer to your child as needed: Benadryl, Antacid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold Medicine, Antihistamines? **Please Initial:** _____ No _____ Yes (Any Exceptions) _____

Dietary restrictions (i.e. vegetarian, lactose intolerant) _____

Activity restrictions for health reasons _____

Other suggestions that may help make your camper's week more comfortable and enjoyable (fears, anxieties, etc.) _____

Medications (Please list and send with instructions)

Parent/Guardian Signature (Required) _____ **Date** _____

Attach Photocopy of Insurance Card Here:
 (Front and back, please DO NOT enlarge cards)

Policy Holder's Name _____

Policy Holder D.O.B. _____

Check here is camper is not covered by Health Insurance. Initial: _____