2017 HEATH & HISTORY FORM

Hollis Crossings
SUMMER DAY CAMP

Child's Name _____ ❑Male ❑Female Birth Date: _____

Grade (2016-2017) _____ T-shirt Size: ❑YXS ❑YSM ❑YMD ❑YLG ❑XSM ❑SM ❑MD ❑LG ❑XL

Address _____ Home Phone _____

City _____ State _____Zip _____

Church: _____

Adults Living with Participant (Parent/Guardian)

Name _____ Day Phone _____ Cell Phone _____

Name _____ Day Phone _____ Cell Phone _____

E-mail Address_____

Emergency Contacts/Alternative Persons Authorized for Participant Pick-up
In case of an emergency, we always try to contact the guardian(s) listed above first. If that is not possible, we will also need the names of at least three other contacts (relatives/friends). **Only the adults listed below will be eligible for picking up the participant without a legibly written note signed by the parent/guardian.**

Name/Relationship _____ Phone _____ Phone _____
Name/Relationship _____ Phone _____ Phone _____
Name/Relationship _____ Phone _____ Phone _____

Medical History:
Known Allergies (medication, food, other)

_____
_____
_____
_____

Medications being taken OTC (list dosage & time taken)

_____
_____
_____
_____

Medical History

Recent Injury, illness or disease	❑YES	❑NO
Frequent Headaches or head injury	❑YES	❑NO
Glasses/Contacts	❑YES	❑NO
Chest Pain After Exercise	❑YES	❑NO
Heart Murmur	❑YES	❑NO
Joint Problems	❑YES	❑NO
Asthma	❑YES	❑NO
Diabetes	❑YES	❑NO
Epilepsy/Seizures	❑YES	❑NO
Emotional Difficulties	❑YES	❑NO
Behavior Concerns	❑YES	❑NO
Orthodontic Appliances	❑YES	❑NO
Surgery	❑YES	❑NO
Other	❑YES	❑NO

Please explain any "Yes" answers

_____
_____
_____
_____

List any Chronic/Recurring Illness

Medical Insurance Company _____ Policy # _____

Date of Last Medical Exam_____

Family Doctor _____ Phone _____ Preferred Hospital _____

Additional Information *(i.e. physical limitations, restriction on camp activities, disabilities, special diet, etc.)*

Authorizations:

Permission to administer over-the-counter medications:
I (parent/guardian) give permission for NLOM to provide routine healthcare and administer over-the-counter medications if the health care staff deems necessary. I understand the NLOM Health Care staff will administer medications per instruction in the NLOM Health Care Plan, which is approved by a physician, that dosages will be administered according to the directions on the bottle unless a physician directs otherwise, and that health history forms will be reviewed for allergies and parental recommendations prior to administration of the over-the-counter medications.

Date _____Parent/Guardian Signature _____

Permission to participate, authorization for treatment, photo/video:
This health history is complete so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted, including hiking the trails. AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by Nebraska Lutheran Outdoor Ministries (NLOM) to order X-rays, routine tests, treatment and necessary transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NLOM to secure an administer treatment, including hospitalization, for the person as named above. PHOTO/VIDEO RELEASE: I also give NLOM & Hollis Renewal Center permission to use any photograph/video of my child taken at Day Camp in the future promotions of NLOM & Hollis Renewal Center.
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Date _____Parent/Guardian Signature _____

Camper Authorization:
With my parents/guardian, I have completed the above information and will assume the responsibility for my medications and for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being while at camp.

Date _____Camper Signature _____

To help make your child's time at Day Camp successful, it is vital that we are aware of any unique needs or special concerns they may have. Please explain any special learning considerations, family circumstances, relevant experiences, activity restrictions or anything that would help us better prepare for your child's upcoming camp experience. In the event of an emergency or serious illness/injury, parents will be notified by camp staff.