Lake Chautauqua Lutheran Center – Health History and Examination Form

5013 Route 430, Bemus Point, NY 14712. 716-386-4125 **This side to be completed by parents.**

As per NY State health code, children cannot attend camp without a "health history and examination form" signed by both the parent/guardian AND a licensed physician. NY State health code also requires all campers to have a physical examination WITHIN 1 YEAR of the camp program for which they are registered. LCLC has no wiggle room regarding this requirement.

Camper Name ______________________________ Birthdate__________ Age_______ Gender______
Last First Initial mm/dd/yy

Parent, Guardian, or Spouse (self if over 18) ______________________ Work Phone__________________
Home Address__________________________________ Cell Phone__________________
Address City State Zip Home Phone__________________

Second Emergency Contact______________________ Day Phone__________________
Last First Cell Phone__________________

Insurance Information – Please attach a copy of the insurance card to this form.

Health Insurance Company______________________ Phone__________________
Policy/ID#______________________ Group Plan ID#__________________
Name of Insured______________________ D.O.B.__________________
[ ]I DO NOT currently have health insurance

Health History

[ ] Diabetes	[ ] Convulsions	[ ] Fainting	[ ] Hyperactivity	[ ] Seizures
[ ] Headaches	[ ] Ear infections	[ ] Stomach upset	[ ] Emotional stress	[ ] Surgery
[ ] Allergies	[ ] Asthma	[ ] Bed wetting	[ ] Sleep walking	[ ] Other

If yes, please explain______________________________________

Medications: Explain dosage and reason for each medication - or check here for **NO MEDS [ ]**

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____

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*[**Please note:** NY State health code requires a current prescription/standing order, signed by a physician for all prescribed and over the counter medications. Without this authorization, our Camp Nurses are not able to distribute any kind of medication.* ***See page 2 of this form.]***

Dietary Concerns/Activity Restrictions/Other Concerns:

____

Females Only:

Has this individual menstruated?____ If not, has she been told about it? ____ If so, is her menstrual history normal? ____

Authorization and Permission to Treat

I hereby give permission to the medical personnel selected by the camp director to provide routine health care, to administer physician authorized medications, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for me/my child. This form may be photocopied for trips out of camp.

Signature of Parent/Guardian or Adult______________________________ **Date**______________

This form is intended to help us provide a safe and enjoyable camp experience. Campers cannot attend camp sessions without a health history and examination form signed by both the camper's physician and parent/guardian. Thank you for your cooperation!

Year

Cabin

Program

LCLC Office Use: Camper Name

Over

Health History and Examination Form Physician's Page

This side to be completed by a physician.

- *NY State Camp Code requires a current prescription/standing order, **signed by a physician**, for all prescribed and over the counter medications. Without this authorization, LCLC Camp Nurses are not able to distribute any kind of medication. This includes medications as simple as Pepto-Bismol, Calamine Lotion, and Ibuprofen.*

- *Individuals cannot attend camp without a health history and examination form signed by both the parent/guardian **and** a **licensed physician**. Youth campers must have a physical examination **within 1 year** of attending LCLC. LCLC has no wiggle room with this requirement.*

- *A physician's own version of a "Camp Form" may be attached as long as it includes all the information in **boxes A, B, & C** found below. [ ] Yes, my physician's "Camp Form" is attached.*

BOX A: **Camper's Name**____

Examination Date_______________ Height____________ Weight____________ Blood Pressure____________

Limitations or Restrictions While at Camp: NONE [ ] YES [ ] ________________________________

____

____

Dietary Needs or Restrictions: NONE [ ] YES [ ] ____________________________________

____

____

BOX B: **Immunization History – Please include current dates.**

[ ] MMR or Measles ___/___

[ ] Mumps ___/___

[ ] Rubella ___/___

[ ] Varicella/Chicken Pox ___/___

[ ] DPT (Diphtheria, Pertussis, Tetanus) ___/___

[ ] Hepatitis B ___/___

[ ] Td or Tetanus Booster ___/___

[ ] Polio ___/___

BOX C: **Medications & Medical Needs**

By my signature below, I hereby give permission for the following prescribed and OTC medications to be administered as directed and or needed, to the camper named above according to labels, attached prescriptions, or directions.

[ ]Prescription a.__________________________ for______________________________

[ ]Prescription b.__________________________ for______________________________

[ ]Prescription c.__________________________ for______________________________

[ ]Prescription d.__________________________ for______________________________

[ ]Acetaminophen

[ ]Midol [ ]Pseudoephedrine

[ ]Antibacterial ointment

[ ]Ibuprofen

[ ]Caladryl/Calamine

[ ]Visine

[ ]Imodium AD

[ ]Pepto-Bismol

[ ]Benadryl

[ ]Milk of Magnesia

[ ]Cough Drops

[ ]Other________

Physician's Authorization:

Signature____Date_______________

Printed____

First Last Initial

Address____Phone_______________

Street City State Zip