

Luther Crest Day Camp Health History Form

An examination by a physician is NOT needed, but please complete the following form for LCBC to have on file during the Day Camp week. This form is required by Minnesota State Law.

Camper Name: _____

Family Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to camper: _____

Allergies Food/Medication/Insects/Other	
EpiPen Needed? (LCBC does not provide EpiPens)	Yes / No
Dietary Restrictions	
Please list any routine medications camp staff/volunteers will have to administer, including dosage and directions. <i>*If you would like to go over medication protocol with the individual administering it, please let your Day Camp Coordinator know.</i>	
Date of last Tetanus shot: ____ / ____ / ____	Camper up to date on Immunizations? Yes / No
Insurance/Billing Information: In the event of an accident or injury requiring medical attention, your personal insurance will be considered PRIMARY CARRIER.	Company Name: _____ Policy Number: _____ Policy Holder: _____

Please share any other information or concerns (*mental health, physical ability limitations, behavioral or social*) that we should know about your camper in order to best serve them during their Day Camp Week:

