

First Lutheran/Rainbow Trail Day Camp Registration and Health History Form

3rd Ave and Terry St.
Longmont, CO. 80501
(303) 776-2800 www.firstluth.org

This form needs to be completely filled out by a parent/guardian.

Name _____
last first middle initial

Birthdate: _____ Age _____ Gender _____ Grade Level (fall 2008) _____

Home Church _____ City _____

Parent or Guardian _____ Phone: (____) _____

Name of Person dropping off and picking up camper(s): _____

Home Address _____

Business Address _____ Phone: (____) _____

If not available in an emergency, please notify _____ Relationship _____

Address _____ Phone: (____) _____

Do you carry medical/hospital insurance? _____ If so, please indicate:

Carrier _____ Group/policy number _____

Name of physician _____ Phone number _____

Date of last immunization for:
Tetanus _____; DPT _____; Polio _____; Measles (MMR) _____

Please check and date any of the following, which have occurred to the camper or in the camper's family:

Conditions	Diseases	Allergies
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Heart disease/defect	<input type="checkbox"/> Measles	<input type="checkbox"/> Ivy Poisoning, etc.
<input type="checkbox"/> Convulsions/seizures	<input type="checkbox"/> German Measles	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Bleeding/clotting disorders		<input type="checkbox"/> Other drugs
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Asthma
<input type="checkbox"/> Mononucleosis		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Psychiatric counseling		

Please explain any of those checked in the space below:

Operations or serious injuries: (please list with dates) _____

Suggestions, any activity restrictions, or health-related information for camp personnel:

Will your child need to take a medication during Day Camp? _____
_____ Collected by Day Camp Coordinator

My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of 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 hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian signature _____ Date _____

Signature of witness _____ Date _____

Camper's signature _____