



Camper Name _____

INSURANCE INFORMATION Please provide a photocopy of the front and back of the camper's insurance card.

Family Physician: _____ Do you carry medical/hospital insurance? Yes No

Name of Policy Holder: _____ Policy Holder's Date of Birth: _____

Insurance Company: _____ Policy or Group # _____

MEDICAL HISTORY

Current health conditions requiring medication, treatment or special considerations while at camp: _____

Please list approximate dates and explanation for all that apply.

- Diabetes Asthma Athlete's Foot Chicken Pox Mumps Blood Clotting Fainting Stomach Trouble Hernia
 Measles Hepatitis Respiratory Problems Heart Trouble Ear/Throat Trouble Bowel Trouble Menstruation Trouble

Please describe any health problems the camper has: _____

Does camper experience seizures? Yes No If yes, type: _____ Frequency: _____

Date of last seizure: _____ At what point do we call EMS for seizure related activity? _____

Does the camper have a Do Not Resuscitate (DNR) order: Yes No (If yes, please enclose copy order)

MEDICATIONS

This camper will not take any medications while attending camp. This camper will take the following medications while attending camp:
(List medication name(s) here and transfer complete information i.e. name, dosage, times taken onto the enclosed **SLM Medication Sheet**.)

If medication, dosages, or times taken, changes after you've sent the *SLM Medication Sheet* to camp, bring an updated sheet with you on **July 11, 2022** Please make copies of the sheet so you are prepared to bring these changes with you on the day you register at camp. This makes registration easier for the SLM Staff and less time consuming for you. Thank you for your cooperation!

Note: Any medication campers may be taking will be given to our camp health manager at registration. Be sure all medications are clearly labeled with: **1. Camper's Name 2. Name of Medication 3. Dosage 4. Time Medication is to be taken**

Also, supply the RX number and the name of the pharmacy supplying the medication. PLEASE SEND ENOUGH FOR THE WEEK PLUS ONE EXTRA. It is a good idea to send one extra dose of each medication as a replacement in the event that a medication is dropped/lost.

The following non-prescription medications are kept on hand in our Health Center and are used on an as needed basis to manage illness and injury. **Cross out those items the camper should not be given.**

Acetaminophen (Tylenol)	Chloraseptic (Sore throat spray)	Calcium Carbonate Antacid (Tums)
Ibuprofen (Advil)	Bismuth subsalicylate (Pepto-Bismol)	Generic cough drops
Pseudoephedrine (Sudafed)	Laxatives for constipation (Ex-lax)	Calamine lotion
Destromethorphan (Cough Syrup)	Hydrocortisone 1% cream	Aloe
Diphenhydramine (Bendaryl)	Topical antibiotic cream	

Other Medical Concerns - Please provide any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information as needed.** _____

IN CASE OF MEDICAL EMERGENCY

If your camper is ill, he/she will be treated according to written and approved doctor's standing orders. Shetek Lutheran Ministries Staff will notify the parent and/or caregiver if your camper requires any type of advanced medical care beyond the basic care provided by the camp health staff. Shetek Lutheran Ministries will also contact you if there is a discrepancy between the dosage instructions on the label of a camper's medication and instructions received at registration. I give my permission to the local physician to hospitalize, treat, order injections, anesthesia or perform surgery if need be.

Signature: _____

Date: _____