Lutheridge SummerShine Medical Form

Campers Name: _____
First Last

Date of Birth: _____ **Age**: _____

Gender: Male, Female **Grade Completed**:_____

Household

Where does the camper reside: ☐ Parent's home ☐ Group Home ☐ Other

Group Home Name (if selected)_____

Campers Address _____City _____

State _____Zip_____

Contact Person to call if camper has a problem while at camp:

Parent/Guardian 1

Name:_____

Email: _____

Home Phone:_____

Cell Phone:_____

Parent/Guardian 2

Name:_____

Email:_____

Home Phone:_____

Cell Phone:_____

Emergency Contact Information

(if person above is not available)

Name	Relationship	Home Phone	Work Phone	Cell Phone

Registration Information

Dates of Camp:_____ **Program Name**:_____

Which Camp are you attending: (circle one) **Lutheridge** **Lutherock** **Luther Springs** **Lutheranch**

General Information/ Allergies & Dietary Restrictions

Does your child require an Epi Pen?_____

Please Provide details about your child's anaphylaxis, including the date and description of the reaction: _____

_____

Allergies (Non Food) list and state reaction:_____

Dietary Restrictions

Does your child have any dietary restrictions or food allergies? Yes No

Please Explain:_____

(the camp can accommodate most dietary restrictions, if you have questions about this please call registration 828-209-6302)

Medications and Treatments

Will your child be taking any medications while at camp? Yes No
(Medicine must be brought to camp in its original packaging)

Medication Label	Dosage	Frequency	**Schedule** (indicate time/s of day to give)	**Notes** (Please explain the reason for the medication and any notes about giving this to your child).

Immunizations

Please list the date of your child's most recent vaccination or booster, if any, for the following:

Vaccination	Yes/No	Date of most recent Immunization
I choose not to have my child immunized		By selecting yes you understand and accept the risks to your child from not being fully immunized.
Diptheria, Pertussis, Tetanus (DDTP)		
MMR		
Hep B		
Haemophilus Influenza B		
Chicken Pox (Varicella)		

Health History

Has your child experienced, or is currently experiencing, any of the following conditions? Be sure to fully explain any conditions currently experiencing.

Condition	Yes/No	Explanation	Condition	Yes/No	Explanation
Respiratory Ailments			**Back/Joint Problems**		
Chronic or Recurring Illness			**Skin Problems**		
Seizures			**Bedwetting/Sleepwalking/Nightmares**		
Passed Out/Chest Pains			**ADD/ADHD**		
Had a head injury			**Emotional/behavioral/eating disorders**		

Fainting/Dizziness			**Had Serious injury, been hospitalized**		**Include dates -**
Digestive Issues			**Had any operations**		**Include dates-**
Diabetes			**Has camper had a life event that might affect their week at camp?**		
Frequent headaches					
Can Camper participate in all activities w/o restriction?			**Is there any other medical information we should know about your child?**		

Doctor Information

Type of Doctor	Doctors Name	Phone Number/Contact Information

Health Insurance

Do you have medical insurance? Yes No

Full name of Policy holder:_____

Policy holder phone number:_____

Employer Name (if insured through company):_____

Insurance Company/Plan Name:_____

Insurance Company phone number:_____

Insurance group name or number:_____

Medical Waiver

PERMISSION TO TREAT: The person this registration is for has permission to engage in all camp activities except as noted. I hereby give my permission to NovusWay Ministries to Provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange necessary, related transportation for me/my child. In the event that I or the emergency contact cannot be reached in an emergency I hereby give permission to the Health Care Provider selected by the camp to secure and administer treatment, including hospitalization, for the person named in this form. This completed form may be printed/copied for trips off camp. PARTIAL WAIVER AND RELEASE OF LIABLITY: I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE NOVUSWAY INC. FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS TH DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

NORTH CAROLINA
BUNCOMBE & AVERY COUNTY

NOVUSWAY INC. PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT
READ CAREFULLY BEFORE SIGNING

In consideration of NovusWay, Inc. furnishing services and/or equipment to enable me/my child to participate in a variety of outdoor and recreational activities, I
agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of outdoor recreational equipment, transportation to, and my participation in outdoor recreational activities; (b) my/my child's participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my/my child's participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my/my child's participation in each outdoor and recreational activity that is provided by or on behalf of NovusWay, Inc. for the age group in question (which may include, among other things, camping, hiking, canoeing, challenge tower activities, challenge course activities, rock climbing, spelunking, mountain biking, playground activities, and swimming). I, on behalf of myself/my child, and my personal representatives hereby waive, release and discharge NovusWay, Inc. its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of NovusWay, Inc. and its respective agents and employees. I further waive, release and discharge NovusWay, Inc. for any claim arising from participation in any program, service, or other outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which NovusWay, Inc., or its agents is a party shall be the General Court of Justice, Buncombe County, North Carolina. I understand and acknowledge that this Waiver and Release and any claim arising herein shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE NOVUSWAY, INC., FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

Parent/Guardian Signature:_____ Date:_____

(Form can be signed by camper if the camper is 18 years of age or older. Signature is required in order to attend camp)

First/Last Name: _____

Physician's Signature below is required or you may attach a copy of your most recent physical to the above health form.

ACA, American Camp Association- recommends you submit a physical that is no more than 12 months old

PHYSICIAN'S EXAM: Physician must either complete this section of the health form, or a copy of a signed, completed physical or sports physical from the last 12 months must be attached to this form. Copies of health forms/physicals for campers from previous summers are archived and are not accessible. This information must be kept on file by the parent/guardian and resubmitted each year.

Date of last exam (must be within past 12 months of camp week) _____

The applicant is under care for the following condition_____

_____

__

Recommendations/Restrictions at Camp*(Please describe in detail – attach further documentation if needed).*_____

_____

___

_____

___Any current or on-going treatment or medications to be administered at camp (name, dosage, frequency):

_____

_____

_____

Any modified nutritional /meal plan:

_____

___

Yes or No (circle one) This applicant **can** participate in a weeklong resident camp program.

Yes or No (circle one) This applicant **can** participate in a camp program of high activity including backpacking, rock climbing and rafting.

Licensed physician's signature _____ *Date* _____

Phone _____ *Address* _____ *City* _____ *State* _____ *Zip* _____