

# Lutheridge KinderCamp Medical Form

Child's Name: \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male, Female

Grade Completed: \_\_\_\_\_

## Household

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian 1

### Parent/Guardian 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone	
Cell Phone	

Home Phone	
Cell Phone	

## Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

## Registration Information

Dates of Camp: \_\_\_\_\_ Program Name: \_\_\_\_\_

Which Camp: (circle one) Lutheridge Lutherock

## 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: \_\_\_\_\_

List allergies (non-food) 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, 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)

First/Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Are there any over the counter medications that your child CANNOT have? \_\_\_\_\_

### 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.
Diphtheria, 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			Is there any other medical information we should know about your child?		
Can camper participate in all activities w/o restriction?					

**Doctor Information**

First/Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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 LIABILITY: 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)**

**Please share any information that will help us provide the best possible experience for your Day Camper.**

1. What types of activities will your camper enjoy most?
  
2. Is there anything that your child is especially excited about doing at camp?
  
3. Will your child know other children at Day Camp? If so, what are their names?  
(If not, don't worry! Each child will be a part of a "Camp Team" and will make lots of new friends!)
  
4. What might frighten or upset your child?
  
5. Is there anything about Day Camp that causes worry for you or your child?
  
6. My child will respond well to a counselor who is: (circle those that apply)  
Calm   Energetic   Firm   Flexible   Very Patient   Athletic   Nurturing  
Funny   Loud   Quiet   Other: \_\_\_\_\_
  
7. How did you hear about Day Camp?
  
8. Why did you decide to send your child?
  
9. Anything else you'd like us to know?