

Approved By _____

First/Last Name: _____ DOB: _____

Cluster _____

THIS IS NOT A REGISTRATION FORM

Doctor's Signature Page for online health forms only

Lutheridge † Lutherock † Luther Springs † Lutheranch

Week _____ Program Name _____ Camp Name: _____

If attending a second week:

Week _____ Program Name _____ Camp Name: _____

Each camper MUST complete a health form either online or by paper form. A copy of a physical exam within the last 12-18 months of the camper's first day at camp must be attached. If you submitted your health form online you may take this form to your doctor for their signature .

Name _____

Birth Date _____ Age _____ Grade _____ Male Female

Parent/Guardian Names(s) _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Physician name _____ Phone _____

PHYSICIAN'S EXAM: Physician must either complete this section of this form or attach a copy of a signed, completed sports physical from the last 12-18 months must be attached to this form. Copies of health forms/physicals for campers from previous summers are archived and cannot be readily accessed. This information must be kept on file by the parent/guardian and resubmitted each year.

Date of last exam: (must be within past 12-18 months of camp week) _____

Any physical condition requiring restriction(s) on participation in the camp program and a description of that restriction.

(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 or rafting.

Licensed Physicians Signature: _____ **Date:** _____

Phone: _____ **Address:** _____ **City:** _____

State: _____ **Zip:** _____