

Week \_\_\_\_\_ Program Name KINDERCAMP Last name, FI \_\_\_\_\_



## LUTHERIDGE+LUTHEROCK MINISTRIES 2012 KINDERCAMP HEALTH FORM

**PLEASE COMPLETE THE ENTIRE FORM AND RETURN TWO WEEKS PRIOR TO CAMP !**

Each camper **MUST HAVE** a completed health form on file with LLMI to be admitted to camp.

**BE SURE TO SIGN IN ALL 3 SIGNATURE LOCATIONS!!!!**

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ MI \_\_\_\_\_  Male  Female

Parent/Guardian Names(s) \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:**

**Emergency Contact #1** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Physician name** \_\_\_\_\_ Phone \_\_\_\_\_

### Health Insurance Information

LLMI has secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier Name \_\_\_\_\_

Carrier Address \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Holder's Social Security # \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_\_\_

If you have an Rx card Bin # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

**Signature Required for Participation** if camper is under 18 years old.

### MEDICAL RELEASE AND AUTHORIZATION FOR TREATMENT

The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge+Lutherock Ministries, Inc. (LLMI), its delegated leaders, directors, and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. LLMI will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases

LLMI and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off camp.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAST MEDICAL TREATMENT & HEALTH HISTORY**

<b>Has/does the participant:</b>	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Had any recent injury, illness or infectious disease....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had high blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
Have a chronic or recurring illness/condition .....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had back problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had problems with joints (eg., knees, ankles)....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had a head injury.....	<input type="checkbox"/>	<input type="checkbox"/>	Have any skin problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent ear infections.....	<input type="checkbox"/>	<input type="checkbox"/>	Had mononucleosis in the past 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever passed out during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had chest pain during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had seizures .....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had an eating disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an operation.....	<input type="checkbox"/>	<input type="checkbox"/>	Been diagnosed as ADD or ADHD.....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" responses \_\_\_\_\_

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. \_\_\_\_\_

Describe any camp activities from which the camper should be exempted for health reasons. \_\_\_\_\_

Does the camper know how to swim? Yes No Somewhat

**Allergies:** Hay Fever Poison Ivy Insect Sting Food \_\_\_\_\_ Other \_\_\_\_\_

**Asthma:**  Severe Moderate  Mild Triggers? \_\_\_\_\_

**Nutritional/dietary restrictions:** \_\_\_\_\_

Diabetic? No Yes  
Vegetarian? No Yes

Has the camper had any of the following: Measles Chicken Pox Mumps  German Measles

Please indicate **the date** (MM/YY) of the last immunizations/booster for:  
DTP \_\_\_\_\_ MMR \_\_\_\_\_ Hepatitis B \_\_\_\_\_ HIB \_\_\_\_\_

Is camper currently taking any prescribed or over-the-counter medicine? Yes No

If "yes", what medications? \_\_\_\_\_

Which of these medications will the camper be bringing to camp? \_\_\_\_\_

**ANY MEDICATIONS TO BE TAKEN AT CAMP MUST BE IN CLOSED VIALS WITH ORIGINAL PHARMACY LABELS INTACT.**

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**Signatures Required for Participation**

Last name, FI \_\_\_\_\_

**NORTH CAROLINA**

**BUNCOMBE & AVERY COUNTY**

**LUTHERIDGE + LUTHEROCK MINISTRIES, INC.  
PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT**

**READ CAREFULLY BEFORE SIGNING**

In consideration of Lutheridge + Lutherock Ministries, 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 Lutheridge+ Lutherock Ministries, 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 Lutheridge + Lutherock Ministries, Inc. its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of Lutheridge + Lutherock Ministries, Inc. and its respective agents and employees. I further waive, release and discharge Lutheridge + Lutherock Ministries, Inc. for any claim arising from participation in any programs, 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 Lutheridge + Lutherock Ministries, 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 LUTHERIDGE + LUTHEROCK MINISTRIES, INC., FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

\_\_\_\_\_  
PARTICIPANT NAME (PRINT)

\_\_\_\_\_  
AGE IF MINOR

\_\_\_\_\_  
PROGRAM/DATES

\_\_\_\_\_  
CAMPER SIGNATURE (If 18 years of age or older)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN\*

\_\_\_\_\_  
DATE

**PHOTOGRAPH PERMISSION**

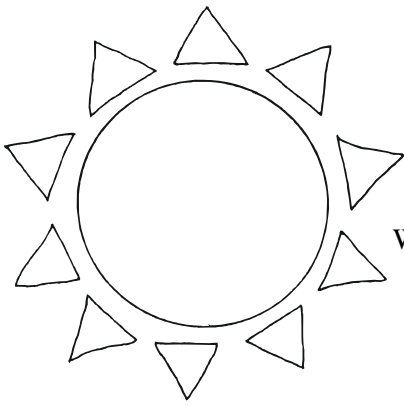
I hereby allow my child to be photographed for possible inclusion in LLMI publications or the LLMI website.

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN\*

\_\_\_\_\_  
DATE

**\*Signature of Custodial Parent or Guardian Required**

Last name, FI \_\_\_\_\_



**Please share any information that will help us give your KinderCamper the best experience possible. Thank you! PLEASE PRINT**

What types of activities will your camper enjoy most?

Is there anything that your child is especially excited about doing at camp?

Will your child know other children at KinderCamp? 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!

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What might frighten or upset your child?

Is there anything about KinderCamp that causes worry for you or your child?

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: \_\_\_\_\_

How did you hear about KinderCamp?

Why did you decide to send your child?

Anything else you'd like us to know?

