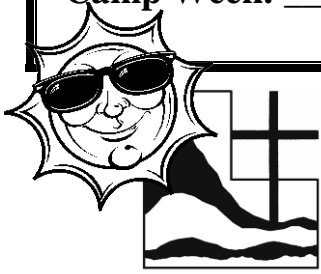
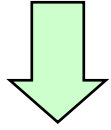


Camp Week: _____ Camper's First/Last Name: _____

Please Print



**LUTHERIDGE + LUTHEROCK MINISTRIES
SummerShine 2012 CAMPER HEALTH FORM**



PLEASE COMPLETE THE ENTIRE FORM & RETURN NO LATER THAN MAY 1, 2012.

Our camp nurses gather the first weekend in May to screen health forms. Please help us by having your camper's form here for them to screen.

If you register after May 1, make every effort to send form at least 4 weeks prior to camp to allow staff time to screen the information.

Each camper **MUST HAVE** this completed 2012 health form on file with LLMI along with a signed physician's exam no older than 24 months from the camper's first date of camp in order to be admitted to camp.

PLEASE BE SURE TO SIGN IN ALL 3 SIGNATURE LOCATIONS ON THE LAST PAGE!

Name _____

Birth Date _____ Last _____ First Name Used _____ MI _____
Age _____ Male Female

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

Group home (Name) _____

Institution (Name) _____

Other (Name) _____

Camper street address _____

City _____ State _____ Zip _____ Phone where camper lives _____

Name of Person to call if camper has problems while at camp _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Name of Parent or Guardian (if different from above) _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone _____

IF THE ABOVE ARE NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

Emergency Contact #1 _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Emergency Contact #2 _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening 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 Date of Birth _____

If you have an Rx card, Bin # _____ ID # _____ Group # _____

PHYSICIAN'S EXAM: Physician must either complete this section of the health form or a copy of a signed, completed physical from the last 24 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 24 months of camp week) _____

The applicant is under care for the following conditions: _____

Recommendations/Restrictions at Camp (Please describe in detail) _____

Any medication or treatment to be administered at camp (name, dosage, frequency): _____

Any nutritional /meal plan: _____

Any activities to be limited: _____

In my opinion, the applicant (circle one) **can/cannot** participate in a camp program.
Please attach a separate indicating any limitations or prohibited activities, or to list any additional information or comments!

Licensed physician's signature _____ Date _____

Phone _____ Address _____ City _____ State _____ Zip _____

PAST MEDICAL TREATMENT & HEALTH HISTORY (to be filled out by parent/guardian)

Has/does the participant:	Yes	No		Yes	No
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"/>	Have problems with sleepwalking.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had chest pain during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Have a history of bed-wetting.....	<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 _____

Allergies: Hay Fever Poison Ivy Insect Stings 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 attach immunization record or indicate the date (MM/YY) of the last immunizations/booster for:
DTP _____ MMR _____ TD (Tetanus) _____ Hepatitis B _____ HIB _____

Does the camper know how to swim? Yes No

Special instructions regarding swimming/water: _____

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

If "yes", what medications? _____

ANY MEDICATIONS TO BE TAKEN AT CAMP MUST BE IN CLOSED VIALS WITH ORIGINAL PHARMACY LABELS INTACT. The SummerShine nurse will receive/review upon arrival.

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 _____

Are there any special health concerns of which the nursing staff should be aware? _____

Lutheridge+Lutherock Ministries wants to provide your camper with the best possible camp experience and is interested in the spiritual, physical and social growth of each individual. The following information will help our staff meet these needs in the best way possible. Please be specific with this and with the Health History (below).

Is the camper currently participating in a school or work setting program? yes no
If yes, please describe: _____

- This camper is attending an overnight camp for the first time.
- This camper has attended another overnight camp, but this is his/her first time at Lutheridge.
- This camper has attended Lutheridge or Lutherock before. # of years _____

Please describe the camper's feelings about attending camp. _____

Who made the decision that the camper would attend SummerShine camp? _____

Are there any major events or significant situations of which we should be aware? _____

Has the Camper had any negative camp (or other) experiences of which we should be aware? _____

What fears does the camper have? _____

What concerns do you have about the camper spending a week at camp? _____

What camp activities do you think the camper will enjoy the most? _____

Please anticipate any situations, times of day or activities that might be difficult for your camper. List these and give our staff advice about the best way to help the camper and manage behavior in a positive way:

Please give us any additional information that will help us give your camper the best experience possible?

Thanks for the information. Please know it will only be seen by staff working directly with your camper.

RELEASE/AUTHORIZATION & WAIVER! IF THE CAMPER IS HIS/HER OWN GUARDIAN, HE/SHE MUST SIGN AT ALL THREE ARROWS. THESE SIGNATURES ARE A PREREQUISITE TO PARTICIPATE IN CAMP!!

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 _____

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 participation in any program, service an 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

TRANSPORTATION AND PHOTOGRAPH PERMISSION

I hereby allow this camper to be transported for off-site outings and photographed for possible inclusion in LLMI promotions.

_____  _____
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN* DATE

*Signature of Custodial Parent or Guardian Required