

**Camp Luther of Nebraska (402) 352-5655**  
**Health History & Emergency Form**

*Please complete one form per person*  
*Please check and update this information upon arrival at camp.*

Camper's Name \_\_\_\_\_

Date Attending \_\_\_\_\_ Camper's Birthdate \_\_\_\_\_ M  F

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

PULL OUT

Name of Camper's Physician \_\_\_\_\_

Phone \_\_\_\_\_

Dentist / Orthodontist \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance Carrier (write in or attach copy of card) \_\_\_\_\_

Address \_\_\_\_\_

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

Please list any chronic or recurring illnesses or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

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**Please list any medication camper is currently taking and explain why they are taking it:**

(Medication sent with your camper **must** be in the **original container** with specific instructions. Medications will be collected at time of check-in and will be administered per instructions.)

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Please list any dietary restrictions we should know about: (Camp Luther is not equipped to handle special dietary needs. Please bring or send any special food items required by camper.)

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Please list any known allergies and what the camper's reactions are:

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Is camper up to date on his/her immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the date of his/her most recent tetanus shot? Month \_\_\_\_\_ Year \_\_\_\_\_

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for camper. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named. This form may be photocopied for trips out of camp. I will allow my child's picture/video to be taken for use in promotion and publicity efforts of Camp Luther of Nebraska, Inc. unless this statement is crossed out.

PULL OUT

**Signature of Parent or Guardian (or self if over 18)**

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**DATE** \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO CAMP LUTHER WITH REGISTRATION FORM.**

Information on this form must be verified and/or updated by parent or other adult at time of check-in. If someone else is transporting your child, please give them current information.

<b>FOR USE ON DAY OF CHECK-IN ONLY</b>	
<b><i>I have reviewed the above information and updated it if necessary.</i></b>	
SIGNATURE _____	
DATE _____	

