



## Health History Form

N18250 Lake Lane  
Pembine, WI 54156  
(715) 324-5457  
camp@llbc.org

\_\_\_ Camper \_\_\_ Staff \_\_\_ Year: \_\_\_\_\_  
 Dates attending (fill in or check programs)  
 \_\_\_ Junior 1 \_\_\_ Intermediate \_\_\_ Youth 1  
 \_\_\_ Junior 2 \_\_\_ Teen 1 \_\_\_ Youth 2  
 \_\_\_ \_\_\_ Teen 2 \_\_\_ Youth 3  
 \_\_\_ New Camper Experience \_\_\_ Youth 4  
 \_\_\_ LDC 1a \_\_\_ SHOOTs \_\_\_ SEEDS  
 \_\_\_ LDC 1b \_\_\_ LDC 2

Lake Lundgren Bible Camp desires that everyone's experience is safe and rewarding. In case of an accident or illness, it is important that we have the following medical history and health insurance information. Please complete the following information and ensure camp is aware of any special needs. Thank you.

Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age at camp: \_\_\_ Gender: M / F  
Last First Middle

Home address: \_\_\_\_\_  
Street address City State Zip

Parent/guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**If not available in an emergency, notify:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Health Insurance Information

Insurance Company: \_\_\_\_\_ Subscriber's Name on Card: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Insurance Company Address (Claims): \_\_\_\_\_  
Street address City State Zip

Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name of family dentist/orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Health History Information

**General:** Has/does the camper or staff:

- |   | Yes | No  |
|---|-----|-----|
| 1. Been treated for recent injury or illness?   | ___ | ___ |
| 2. Have a chronic or recurring illness/condition?   | ___ | ___ |
| 3. Have autism?   | ___ | ___ |
| 4. Have asthma?   | ___ | ___ |
| 5. Have diabetes?   | ___ | ___ |
| 6. Have frequent ear infections?  | ___ | ___ |
| 7. Ever had seizures? If so, what year? _____   | ___ | ___ |
| 8. Had mononucleosis in the past 12 months?   | ___ | ___ |
| 9. Been recently diagnosed with, exposed to, or show symptoms of any contagious disease, including but not limited to: flu, chicken pox, strep throat, etc. | ___ | ___ |
| 10. Have medications with them at camp? *   | ___ | ___ |

Date of last Tetanus shot: \_\_\_/\_\_\_/\_\_\_

- |   | Yes | No  |
|---|-----|-----|
| 11. Been diagnosed with a heart defect/disease? | ___ | ___ |
| 12. Have high blood pressure?                   | ___ | ___ |
| 13. Ever had a head injury? Year? _____         | ___ | ___ |
| <b>Allergies</b> Does the camper or staff have: |     |     |
| 14. Food allergies? (Please list below)         | ___ | ___ |
| 15. Allergic reaction to insect stings?         | ___ | ___ |
| 16. Medication allergies? (Please list below)   | ___ | ___ |
| 17. Other: _____                                | ___ | ___ |

NOTE: For the safety of campers and staff, anyone with symptoms of a contagious disease will be quarantined and upon confirmation of the diagnosis will be sent home.

Please explain any "yes" answers to include specific illness, condition, or allergy; any limitations or restrictions; and dates, if applicable (note the no. of the question) : \_\_\_\_\_

Please provide any additional information about any behavior and/or physical, emotional, or mental health conditions which the camp should be aware: \_\_\_\_\_

### Medications \*

Please list medication to be administered at camp and reason for taking (medication must be labeled with name, description, dosage and time taken):

\_\_\_\_\_

\*\* If your child will have an emergency medication such as Epi-pen, inhaler, or insulin, please check here \_\_\_ to give permission for them to self-carry and administer.

**PARENTAL/GUARDIAN CONSENT FOR THOSE UNDER 18 YEARS OF AGE:** I hereby give permission to Lake Lundgren Bible Camp's administration to provide routine health care, administer prescribed medications, arrange necessary related transportation, and seek emergency medical treatment. In the event I cannot be reached in an emergency, I hereby give permission to Lake Lundgren Bible Camp's administration to secure and administer professional medical treatment, including hospitalization, injection, anesthesia, and/or surgery for the person named above.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

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