



LUTHER SPRINGS RETREAT YOUTH HEALTH FORM

PLEASE COMPLETE THE ENTIRE FORM AND TURN IN AT CHECK-IN.
Each camper must have a completed health form to be admitted to a Luther Springs program.

Name _____

Birth Date _____ Last _____ First _____ MI _____
 Male Female

Parent/Guardian Names(s) _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Please list phone numbers in the order we should call them if we need to get in touch with you during the retreat:

First Phone _____ Second Phone _____

Third Phone _____ Parent Email _____ Child Email _____

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

Emergency Contact #1 _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

1st Phone _____ 2nd Phone _____ 3rd Phone _____

Emergency Contact #2 _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

1st phone _____ 2nd phone _____ 3rd phone _____

Physician name _____ Phone _____

Dentist name _____ Phone _____

Health Insurance Information

Luther Springs does not provide camper sickness insurance but does have 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 # _____

• THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED.
I hereby give permission to Luther Springs to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange necessary, related transportation, for me/my child.

In the event that I or the Emergency Contact cannot be reached in an emergency, I hereby give permission to the Health Care provider selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips off camp.

Printed Name _____ Signature _____ 

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE A PARENT/GUARDIAN MUST SIGN THE MEDICAL RELEASE/AUTHORIZATION! A SIGNED RELEASE IS A PREREQUISITE TO PARTICIPATE IN CAMP!!

HEALTH HISTORY: 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 _____

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

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 indicate the date of the last immunizations/booster for:

DTP _____ MMR _____ TD (Tetanus) _____ Hepatitis B _____ HIB _____

Is camper currently taking any prescribed medicine? Yes No

If "yes", what medications? _____

(The person who brings the camper will sign a medication authorization form. Dosage instructions must match those prescribed.)

 **MEDICATIONS MUST BE IN CLOSED CONTAINERS WITH THE ORIGINAL PHARMACY LABELS INTACT.**

Additional Information that can help us serve your child well:

Is this your child's first time at sleep-away camp? _____ at Luther Springs? _____

How does your child feel about attending this retreat? _____

What is your child most looking forward to about this retreat? _____

What concerns/fears does your child have about this retreat? _____

Is your child dealing with any situations or issues that might come up in cabin time or group discussion? If so, are there ways that the counselor can be supportive and helpful to your child? _____

Is there anything else that we should know? _____

THANKS FOR TRUSTING YOUR CHILD TO US FOR THIS FUN, FAITH-BUILDING RETREAT!

LUTHER SPRINGS CAMP AND RETREAT CENTER

PARTIAL WAIVER AND RELEASE OF LIABILITY

READ CAREFULLY BEFORE SIGNING

In consideration of Lutheran Outdoor Ministries of Florida furnishing services and/or equipment to enable me 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 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 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 participation in each outdoor and recreational activity or retreat that is provided by or on behalf of Lutheran Outdoor Ministries of Florida for the age group in question (which may include, among other things, camping, hiking, canoeing, playground activities, and swimming). I, on behalf of myself, and my personal representatives hereby waive, release and discharge Lutheran Outdoor Ministries of Florida, its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of Lutheran Outdoor Ministries of Florida and its respective agents and employees. I further waive, release and discharge Lutheran Outdoor Ministries of Florida 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 Lutheran Outdoor Ministries of Florida, or its agents is a party shall be the General Court of Justice, Putnam County, Florida. 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 Florida, which shall always be controlling in all respects.

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 LUTHER SPRINGS CAMP AND RETREAT CENTER, NOVUSWAY MINISTRIES FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

PARTICIPANT NAME (PRINT)

PROGRAM OR RETREAT DATES

SIGNATURE (If 18 years of age or older)

DATE

SIGNATURE OF PARENT OR GUARDIAN
(If less than 18 years old)

DATE

TRANSPORTATION AND PHOTOGRAPH PERMISSION

I hereby allow my child to be transported for off-site outings and photographed for possible inclusion in Luther Springs/NovusWay publications or the Luther Springs/NovusWay website.

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*

DATE

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