Approved By_____

First/Last Name:_____DOB:_____

Cluster_____

THIS IS NOT A REGISTRATION FORM

Doctor's Signature Page for online health forms only

Lutheridge † Lutherock † Luther Springs † Lutheranch

Week _____ Program Name _____Camp Name:_____

If attending a second week:

Week _____ Program Name _____Camp Name:_____

Each camper MUST complete a health form either online or by paper form. A copy of a physical exam within the last 24 months of the camper's first day at camp must be attached. If you submitted your health form online you may take this form to your doctor for his signature .

Name_____
First Last

Birth Date_____ Age_____ Grade_____ ☐ Male ☐ Female

Parent/Guardian Names(s) _____ Relationship _____

Home Address _____City _____State _____Zip_____

Home Phone _____ Work Phone_____ Cell Phone _____

Email_____

Physician name _____ Phone _____

PHYSICIAN'S EXAM: Physician must either complete this section of this form or attach a copy of a signed, completed sports 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)_____

Any physical condition requiring restriction(s) on participation in the camp program and a description of that restriction.
(Please describe in detail- attach further documentation if needed)_____

_____

Any Current or on -going treatment or medications to be administered at camp (name, dosage, frequency)_____

_____

Any modified nutritional/meal plan:_____

_____

Yes or No (Circle one) This applicant can participate in a weeklong resident camp program

Yes or No (Circle one) This applicant can participate in a camp program of high activity including backpacking, rock climbing or rafting.

Licensed Physicians Signature:_____***Date:*** _____

Phone: _____***Address:***_____***City:***_____

State:_____***Zip:***_____