

CAMP DIXIE LUTHERAN OUTDOOR MINISTRY CENTER HEALTH FORM

Child's Name: _____ Age: _____ D.O.B.: _____ Sex: _____

Name of Parent/Guardian: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Work (____) _____ Cell: (____) _____

Name & Contact Information of nearest relative if parent/guardian cannot be reached:

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

In order to assure the highest degree of enjoyment and to provide the fullest protection, please complete the following information:

1. Heart Trouble, Diabetes, Asthma, or other conditions we should be aware of: _____
2. Serious ivy, oak, or sumac poisoning reactions: _____
3. Insect sting reaction: _____
4. Reaction to Penicillin or other drugs: _____
5. Are all minimum immunizations (DPT, measles, mumps, rubella, oral polio) up to date? _____
6. Date of most recent Tetanus immunization: _____
7. Is there any restriction to swimming? _____
8. Is he/she under any medication or dietary regimen at this time? If so, please explain. _____

NO CHILD WILL BE ABLE TO ATTEND ANY CAMP WITHOUT A COMPLETED & SIGNED FORM

My child, named above on this form, has permission to take part in all camp activities. I agree that neither Camp Dixie Lutheran Outdoor Ministry Center nor its personnel will be held responsible for accidents arising there from. I understand that attempts will be made to contact me if my child requires emergency medical/surgical treatment, but if it is impractical to do so and/or until I can arrive at the scene, I hereby give my permission to the physician selected by Camp Dixie Lutheran Outdoor Ministry Center personnel to secure proper treatment, to hospitalize, to order injections, anesthesia, x-ray, or surgery for my child as named above. Any financial obligation incurred will be covered by me personally or by the insurance policy listed below.

Date: _____ Signature: _____

Family Health Insurance Company: _____ Policy #: _____

Family Physician's Name: _____ Phone: _____

Please attach a photocopy of your insurance card.

I hereby grant Camp Dixie Lutheran Outdoor Ministry Center and NLOMA (National Lutheran Outdoor Ministry Association) the absolute right to copyright and use, reuse, publish, and republish photographic material of me or my child to illustrate, promote, and advertise Camp Dixie Lutheran Outdoor Ministry Center, NLOMA, and their programs.

Date: _____ Signature: _____