Loucon's Camper Health History / Medical Release & Permission Form

Please complete and turn into Loucon either prior to camp or on the start day of camp. This is the first time you have received this form. The information is important to enable Loucon to provide the best possible care and experience while your camper is at Loucon. It will not be utilized to treat your child differently…we provide the same loving experience for all. Please complete the following additional information;

Camper Name: _____

Camp(s) Registered for: _____

1. Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while at camp:

2. Give a record of past treatment:

3. List a record of the camper's immunizations including date of last tetanus shot:

4. Provide a record of any allergies that the camper may have, and list medications you take:

5. Provide a record of any dietary restrictions the camper may possess:

6. Are there any camp activities that the camper should not participate in due to physical/psychological reasons?

Note: All medications brought to camp are handled by the Camp Health Care Provider.

Are you generally in good health and able to participate in all normal camp activities? Yes ____ No ____

Most Recent Physical Examination ____/____/____

For Girls: Has girl menstruated? Yes____No____ Has she been told about menstruation? Yes____ No____

Is there anything else you can think of that would help the staff make this camping experience a better one for both your camper and for the other campers? Does your camper require special accommodations?

Agreement/Permission Form

In signing this application, I hereby certify that the above information is correct and give permission for the use of photographs including my child in camp publicity and on Loucon's web page and for the release of medical records for insurance purposes in case of illness or accident. I also acknowledge that I am aware that my camper may be transported for special activities in the camp van. I realize that children at camp can become ill and need medical attention. I hereby give permission to the Camp Health Care Provider to give over the counter medication (such as Tylenol, etc) to my child as proper treatment as deemed necessary for minor ailments. I realize that children at camp can injure themselves without fault on the part of Loucon personnel. I hereby release Loucon from responsibility for injury to my child. I agree to submit any insurance claims to my insurance carrier first and will only use Loucon's insurance plan as a secondary insurance. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named below.

_____ X_____ _____

Camper's Name | Signature of Parent or Guardian | Date

I understand the above permission form, agree to it, and I will cooperate with the program and policies of Loucon.

Camper's Signature: _____ Date: _____