ADULT HEALTH FORM

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General Information:

Camp Program Attending: ______________________________ Program Date: ______________

Complete health form online or mail paper version to camp at least 2 weeks prior to arrival.

Lutheran Memorial Camp
PO Box 8., Fulton, OH 43321
Phone: 419.864.8030 Fax: 419.864.1582
lmc@lomocamps.org

Camp Mowana
2276 Fleming Falls Road., Mansfield, OH 44903
Phone: 419.589.7406 Fax: 419.589.3096
mowana@lomocamps.org

Camp Luther
3901 Lake Road., Conneaut, OH 44030
Phone: 440.224.2196
luther@lomocamps.org

Before you begin, you must be 18+ years of age and have access to medical information. This form must be completed for you to attend camp. It is essential for the camp to have your current health information, in order to be able to ensure your safety.

Camper Information:

First Name: ______________________ Last Name: ______________________ Age: ________ Gender: ____________

Home Phone: ______________________ Cell Phone: ______________________ Work Phone: ______________________

Address: ______________________________________ City: __________________ State: _____ Zip: __________

Organization/Church: ______________________________________ City: __________________

If applicable - Volunteer Role/Area of Expertise at camp: ____

In Case of Emergency, Notify:

Name: ______________________________________ Relationship: ____________ Phone #: ____________________

Name: ______________________________________ Relationship: ____________ Phone #: ____________________

Health Insurance, Physician & Dentist/Orthodontist Information:

Health Insurance: ______________________________ Policy #: __________________ Group #: __________________

Address: ______________________ Phone #: ______________ Person carrying the policy: ______________________

Physician: ______________________________________ Phone #: ____________________

Dentist: ______________________________________ Phone #: ____________________

If any, please provide details about your dietary restrictions:

____

If any, describe medical treatment, surgeries, hospitalization, injuries, special restrictions, or considerations while at camp:

____

If any, list all medications you are currently taking:

____

Provide any other information regarding your health:

____

Chronic Conditions (if any):

___ Asthma ___ Heart Disease
___ Diabetes ___ Seizures
___ Headaches ___ Psychiatric Care
___ Other: Specify ______________

Allergies (if any):

___ Food ___ Insect Stings
___ Environmental: Hay Fever, Poison Ivy, Molds
___ Medication: Specify: ____________

Immunization Record:

Tetanus Booster ________ (Date required)
Have you had Chicken Pox? Yes No

Authorization/Permission:

I give permission to the medical personnel selected by the camp to give emergency treatment for me in the event I am unconscious and my next of kin is unavailable. I give permission to use my photo in camp & ELCA promotions. I have read and agree to the LOMO privacy policies found at lomocamps.org/privacy.

____

Signature of Adult Camper

____

Printed Name ***Date***

Office Use Only:

____

Signature of Staff member who reviewed this health form.

Date: ______________________