



Lakeshore

2010 MEDICAL FORM

How many consecutive years has your child attended Lakeshore?
 ___ 2yrs ___ 3yrs ___ 4yrs ___ 5yrs ___ 6yrs ___ 7yrs (If more, please Specify) _____

Camper's Name _____ Sex: Male _____ Female: _____

Camper's Birthdate ___ / ___ / ___ Home phone _____

Parent or Guardian _____

Phone # (work) _____ name of person at this # _____

Email address _____ Cell phone # _____

- African-American
- Hispanic
- Native American
- Asian
- Caucasian
- Other _____

Race information is for record keeping purposes only.

IMPORTANT!! Fill out this form completely! We must have a current, completed and signed medical form on file for your child to attend camp. PLEASE PRINT !!!!

Has camper ever had allergic reactions to: *****This information is very important for us to have on file*****

No allergies known ___ Hay fever ___ Sun/Wind Burn ___ Ivy Poisoning ___ Penicillin ___

Other Drugs(Specify) _____ Insect Stings ___ What kind of insect _____

Foods(Specify) _____

If answer is yes to any allergies, describe the reaction: _____

If Parent not available-in an EMERGENCY notify: (Give Two Different emergency contacts)

_____	_____	() _____	() _____
Name	relationship to camper	Daytime Phone #	Evening Phone #

_____	_____	() _____	() _____
Name	relationship to camper	Daytime Phone #	Evening Phone #

Name of Family Physician _____ Office Phone () _____

Emergency Phone of Physician () _____ Give date of last Tetanus shot: _____

List any medication camper takes regularly. _____

(Send any medicine in original prescription bottles with specific orders about dosage & time it should be taken. Tylenol, cough syrup, cold & sinus medicine, etc. is available from the First Aid person and should not be brought to camp.)

Is camper on Ritalin or other behavior/ temperament adjusting medicine? ___yes ___no

Are there any current or previous medical condition that we need to be aware of: _____

Is camper a sleepwalker? ___ A Bedwetter? ___ Any sleeping problems? _____

(For Females) Has she menstruated? ___ If not, has she been told about it? ___ Is her menstrual history normal? _____

If camper has experienced emotional or behavioral problems requiring professional attention, please furnish information that will help the camp staff meet the needs of the camper. _____

Check appliances used to assist mobility: Braces ___ Wheelchair ___ Is Wheelchair motorized? ___ Crutches ___ Other _____

Assistance needed in: Eating ___ Hearing ___ Walking ___ Dressing/Undressing ___ Toilet Needs _____

If camper has any disability, what is the nature and degree of that disability? _____

Is camper covered under health and/or accident insurance plans? Yes No

If YES, give the following information:

Name of insurance company: _____ Address of insurance company: _____ Policy Numbers: _____ Name of Policyholder: _____

I, the undersigned, give my consent that, in the event that my child (or myself) is injured or takes ill while participating in an activity related to the camp of Lakeshore United Methodist Assembly, and in the event that my child (or I) cannot answer for themselves (myself) and the parent cannot be reached to give instructions in regards to medical care and treatment of child, reasonable medical care and treatment can be administered to my child (or myself) as deemed necessary by a licensed physician. I agree to hold all persons making such decision free and harmless of any claims, demands or suits for damages arising from the giving of such consent, as long as treatment is administered by or under the supervision of a licensed physician. I also give my consent for any Lakeshore first aid personnel to give prescribed medication per written instructions.

I further agree to pay for any medical treatment which is not covered by medical insurance. I understand that Lakeshore United Methodist Assembly's insurance covers only accidents, not illnesses and provides secondary insurance coverage only.

I also consent to the use of mine and/or my child's image or voice taken during the course of this camp for any or all of the following: photographs, audio and/or video recordings, Lakeshore web page, and camp brochures for the purpose of publicizing the programs of Lakeshore United Methodist Assembly Camping and Adult Retreat Center.

I also agree that I will be held financially accountable for any damage purposely done to any Lakeshore property by the above named child.

Signature of parent/guardian _____ Date _____