Lakeview Ministries ◊ 13500 W. Lake Rd. ◊ Seymour, IN 47274 ◊ (812) 342-4815 Emergency Medical Information Form for Day Camps

Camper Information:			
Camper Name: FIRST	MIDDLE		LAST
Camper Birthdate: / /	Sex:	_Age:	_
Emergency Contact Information:			
Parent/Guardian with legal custody to be c			
			mper:
Home Phone:()Cell	Phone:()	Work Ph	none:()
Immunization Record:			
Has your child received vaccinations require polio-myelitis, mumps, hepatitis B, chicken			g: diphtheria, pertussis, tetanus, measles, rubella,
Date of last tetanus booster:			
Over-the-Counter Medications:			
Lakeview Ministries stocks the following ov be given.	er-the-counter medicatior	n for use. Cross ou	t those medications which the camper should not
Acetaminophen (Tylenol) Generic Cough Drops Calamine Lotion / Aloe	Ibuprofin (Advil, Mo Sore Throat Spray Pepto-Bismol / Tum		Phenylephrine decongestant (Sudafed PE) Benadryl (for allergies) Antibiotic Cream
Health History:			
Primary Physician Name:		Phone N	umber:
Is the camper allergic to:			
Bee Stings ☐ Yes ☐ N Poison Ivy / Oak ☐ Yes ☐ N			
Does the camper have any serious health could be serious health could be serious health could be serious health could be serious.	onditions? 🗆 Yes 🗆 No	0	
Are there any restrictions of activity for med If yes, please comment:	dical reasons? □ Yes □	l No	
Authorization for Medical/Dental (Care (for campers un	der 18 years of	fage):
(1) to provide routine health care and adminor child; (3) to consent to any diagnostic necessary by the physician, surgeon, denies surgeons, dentists, nurses and other heat child to any hospital, clinic, emergency or care; and (6) to sign all necessary consent it is understood that this authorization medical, surgical or dental care being requistand the consequences of the foregoing stand the consequenc	review Health Services Staninister prescription medical, surgical of tist or other health care palth care personnel as may room, laboratory or other its and authorizations. In is given in advance occupited; but is given to providuatements and sign this Authorizations. In the case of the category of the category of the latter and sign this Authorization of the category of the health ties except as noted by map staff. I give permission	aff (and/or any oth ications, (2) to cour dental procedure ersonnel providing by be deemed necestrated in the care of any conciderate of the campe on this form. I up to photocopy this	er qualified adult appointed or designated by them) insent to medical, surgical and dental care for such e or treatment as may be considered therapeutically grare for such minor child; (4) to employ physicians, essary for such minor child; (5) to admit such minor lagnostic facility for examination, treatment, surgery dition or situation which would necessitate any such tain such care if it should be required. I fully under-CONSENT TO MEDICAL AND DENTAL CARE knowing-per to which it pertains. The camper described has understand that the information on this form will be form. When necessary or beneficial, the camp staff quivalent) to the camper.
Signature:	Date:		
Printed Name:			
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