# Luther Springs Camper Medical Form

**Childs Name**: _____
First Last

**Date of Birth**: _____ **Age**: _____

**Gender**: Male, Female **Grade Completed**:_____

## Household

Home Address _____City _____State _____Zip_____

**Parent/Guardian 1**

**Name:**_____

**Email:** _____

| | |
|---|---|
| Home Phone | |
| Cell Phone | |

**Parent/Guardian 2**

**Name:**_____

**Email:**_____

| | |
|---|---|
| Home Phone | |
| Cell Phone | |

## Emergency Contact Information

| Name | Relationship | Home Phone | Work Phone | Cell Phone |
|---|---|---|---|---|
| | | | | |
| | | | | |

## Registration Information

**Dates of Camp**:_____ **Program Name**:_____

**Which Camp are you attending**: (circle one) **Lutheridge** ☐ **Lutherock** ☐ **Luther Springs** ☐ **Lutheranch** ☐

## General Information/ Allergies & Dietary Restrictions

**Does your child require an Epi Pen?**_____

**Please Provide details about your child's anaphylaxis, including the date and description of the reaction:** _____

_____

**Allergies (Non Food) list and state reaction**:_____

## Dietary Restrictions

**Does your child have any dietary restrictions or food allergies?** ☐ Yes ☐ No

Please Explain:_____

_____

*(the camp can accommodate most dietary restrictions, if you have questions about this please call registration 828-209-6302)*

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## Medications and Treatments

**Will your child be taking any medications while at camp?** ☐ Yes ☐ No

(Medicine must be brought to camp in its original packaging)

First/Last Name:_____DOB:_____

| Medication Label | Dosage | Frequency | **Schedule** (indicate which times of day to give) | **Notes** (Please explain the reason for the medication and any notes about giving this to your child). |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Are there any over the counter medications that your child CANNOT have?_____

_____

## Immunizations

**Please list the date of your child's most recent vaccination or booster, if any, for the following:**

| Vaccination | YES/NO | Date of most Recent Immunization |
|---|---|---|
| **Has your child been immunized?** | | By selecting NO, you do not need to fill out the rest of this section. You acknowledge and accept the risks to your child from not being fully immunized. |
| **Diptheria, Pertussis, Tetanus (DDTP)** | | |
| **MMR** | | |
| **Hep B** | | |
| **Haemophilus Infulenza B** | | |
| **Chicken Pox (Varicella)** | | |

## Health History

**Has your child experienced, or is currently experiencing, any of the following conditions? Be sure to fully explain any conditions currently experiencing.**

| Condition | Yes/No | Explanation | Condition | Yes/No | Explanation |
|---|---|---|---|---|---|
| **Can Camper participate in all camp activities?** | | | **Has camper had a life event that might affect their week at camp?** | | |
| **Chronic or Recurring Illness** | | | **Skin Problems** | | |
| **Seizures** | | | **Bedwetting/Sleepwalking/Nightmares** | | |
| **Passed Out/Chest Pains** | | | **ADD/ADHD** | | |
| **Had a head injury** | | | **Emotional/behavioral/eating disorders** | | |
| **Fainting/Dizziness** | | | **Had Serious injury, been hospitalized** | | Include dates |
| **Digestive Issues** | | | **Had any operations** | | Include dates- |
| **Diabetes** | | | **Respiratory Ailments** | | |
| **Frequent headaches** | | | | | |
| **Can Camper participate in all activities w/o restriction?** | | | **Is there any other medical information we should know about your child?** | | |

First/Last Name:_____DOB:_____

## Doctor Information

| Type of Doctor | Doctors Name | Phone Number/Contact information |
|---|---|---|
| | | |

## Health Insurance

**Do you have medical insurance?** ☐ **Yes** ☐ **No**

**Full name of Policy holder:**_____

**Policy holder phone number:**_____

**Employer Name (if insured through company):**_____

**Insurance Company/Plan Name:**_____

**Insurance Company phone number:**_____

**Insurance group name or number:**_____

## Medical Waiver

**PERMISSION TO TREAT:** The person this registration is for has permission to engage in all camp activities except as noted. I hereby give my permission to NovusWay Ministries to Provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange necessary, related transportation for me/my child. In the event that I or the emergency contact cannot be reached in an emergency I hereby give permission to the Health Care Provider selected by the camp to secure and administer treatment, including hospitalization, for the person named in this form. This completed form may be printed/copied for trips off camp. PARTIAL WAIVER AND RELEASE OF LIABLITY: I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE NOVUSWAY INC. FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS TH DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

**FLORIDA**
**PUTNAM COUNTY**

**Luther Springs a site of NovusWay Ministries**
**PARTIAL WAIVER AND RELEASE OF LIABILITY / READ CAREFULLY BEFORE SIGNING**

In consideration of NovusWay furnishing services and/or equipment to enable me to participate in a variety of outdoor and recreational activities. I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers, and hazards and such exists in my use of outdoor recreational equipment, transportation to, and my participation in outdoor recreational activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my participation in each outdoor and recreational activity or retreat that is provided by or on behalf of NovusWay for the age group in question (which may include, among other things, camping, hiking, canoeing, challenge tower activities, challenge course activities, rock climbing, spelunking, skiing, mountain biking, playground activities, and swimming). I, on behalf of myself, and my personal representatives hereby waive, release and discharge NovusWay, its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of NovusWay and its respective agents and employees. I further waive, release and discharge NovusWay for any claim arising from participation in any programs, service, or other outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which NovusWay, or its agents is a party shall be the General Court of Justice, Putnum County, Florida. I understand and acknowledge that this Waiver and Release and any claim arising herein shall be interpreted pursuant to the laws of the State of Florida , which shall be controlling in all respects and at all times.

I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE NOVUSWAY, FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

**Parent/Guardian Signature:**_____ **Date:**_____

**(Form can be signed by camper if the camper is 18 years of age or older. Signature is required in order to attend camp)**

First/Last Name:_____DOB:_____

## An official copy of your child's most recent physical is required ***in addition*** to the above medical form.

**ACA, American Camp Association- recommends you submit a physical that is no more than 12 -18 months old**

*A copy of a well check visit will only be accepted if it has an electronic signature from the physician.*

You may submit this form to your doctor for a signature or you may submit a copy of your child's physical via email to camperhealth@novusway.org , fax 828-687-1600 or mail to 2049 Upper Laurel Drive, Arden NC 28704.

**PHYSICIAN'S EXAM: Physician must either complete this section of the health form, or a copy of a signed, completed physical or sports physical from the last 12-18 months must be attached to this form. Copies of health forms/physicals for campers from previous summers are archived and are not accessible. This information must be kept on file by the parent/guardian and resubmitted each year.**

**Date of last exam** (must be within past 12-18 months of camp week) _____

***Any physical condition requiring restriction(s) on participation in the camp program and*** *a description of that restriction*

***(please describe in detail – attach further documentation if needed).***_____

_____

Any current or on-going treatment or medications to be administered at camp (name, dosage, frequency)_____

_____

Any modified nutritional /meal plan: _____

**Yes or No** (circle one) This applicant **can** participate in a weeklong resident camp program.

**Yes or No** (circle one) This applicant **can** participate in a camp program of high activity including backpacking, rock climbing and rafting.

*Licensed physician's signature* _____ *Date* _____

*Phone* _____ *Address* _____ *City* _____ *State* ____ *Zip* _____