

Approved By _____

First/Last Name: _____ DOB: _____

Cluster _____

THIS IS NOT A REGISTRATION FORM

Doctor's Signature Page for online health forms only

Lutheridge † Lutherock † Luther Springs

Week _____	Program Name _____	Camp Name: _____
If attending a second week:		
Week _____	Program Name _____	Camp Name: _____

Each camper MUST complete a health form either online or by paper form. A copy of a physical exam within the last 24 months of the camper's first day at camp must be attached. If you submitted your health form online you may take this form to your doctor for his signature .

Name _____

Birth Date _____ Age _____ Grade _____ Male Female

Parent/Guardian Names(s) _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Physician name _____ Phone _____

PHYSICIAN'S EXAM: Physician must either complete this section of this form or attach a copy of a signed, completed sports physical from the last 24 months must be attached to this form. Copies of health forms/physicals for campers from previous summers are archived and cannot be readily accessed. This information must be kept on file by the parent/guardian and resubmitted each year.

Date of last exam: (must be within past 24 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 or rafting.

Licensed Physicians Signature: _____ Date: _____

Phone: _____ Address: _____ City: _____

State: _____ Zip: _____