Winter (until May 20)
10179 Crosstown Circle
Eden Prairie, MN 55344
Fax 952.922.7149
Voice 952.922.2545
800.242.1909

Summer (after May 20)
PO Box 1308
Lake Hubert, MN 56459
Fax 218.963.2447
Voice 218.963.2339
800.242.1909

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Please complete and RETURN TO CAMP BY MAY 1st for all sessions. PLEASE PRINT.
If enrolling after May 1st, please return ASAP.

Camper Name: ______________________________ **Session:** ______________

Age: ________________ **Birthday**: ____________________ **Gender**: Male Female

*Information must be completed by Parent/Guardian of Minors for all parts of form.

Please do not write "see prior year's information" or "see other forms".

***EMERGENCY ADDRESSES**

Parent/Guardian: ____

Home Phone: ______________________

Home Address: ______________________ City/State/Zip: ______________________

Father's Cell: ______________________ Mother's Cell: ______________________

Business: ______________________ Business: ______________________

If parent/guardian is not available in an emergency, notify:

1) Name: ______________________ 2) Name: ______________________

Relationship: ______________________ Relationship: ______________________

Home: ______________________ Home: ______________________

Business: ______________________ Business: ______________________

Cell: ______________________ Cell: ______________________

****AUTHORIZATION (REQUIRES SIGNATURE):***

IMPORTANT – MUST BE COMPLETED FOR ATTENDENCE: The camper listed above has my permission to engage in all Camp Lincoln/Camp Lake Hubert activities and programs whether those take place on or off camp property except as noted on this form and under all terms of the enrollment agreement that I have already received. I agree that my camper is voluntarily participating with the knowledge of the inherent and other risks (both known and unknown) in these activities and programs. My camper and I accept full responsibility for any injury, damage, death or other loss resulting from these risks and/or resulting from my camper's own negligence or other misconduct.

AUTHORIZATION FOR TREATMENT: I hereby give permission to the camp 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 to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment including hospitalization, injections, anesthesia or surgery, for the person named above. This completed form may be photocopied. This camp has permission to obtain copies of my child's treatment and health record from any provider who treats my child. I understand that information about my child's health will be shared on a "need to know" basis with camp staff. I will notify the camp in writing of any health related changes between the date of this form and my camper's arrival at camp.

This camp health form is complete to the best of my knowledge and contains no misrepresentations or omissions that might or would affect my child's experience at camp.

***Signature of Parent/Guardian:** ______________________________ **Date:** ______________

Camper Name: ______________ (For Camp Use) **Cabin:** ________ (For Camp Use: **Session:** ________

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***Immunization History:**

Provide the month and year for each immunization or attach a copy of your child's clinic/school immunization record. Starred (★) immunizations must be current.

Immunization	Date: Month(s) & Year(s)	Immunization	Date: Month(s) & Year(s)
Tetanus Booster ★ (within 10 years)		Varicella (chicken pox)	
MMR (Measles, Mumps, Rebella) ★		Haemophilus influenze	
Polio Series★		Hepatitis B	
Pertussis Booster		Hepatitis A	

If you camper has not been immunized, please explain why and/or attach supporting documentation. ______________________________

____

***Medication:**

"Medication" is any substance a person takes to maintain and/or improve his or her health and includes vitamins and homeopathic remedies.

☐ This camper will not take any daily medications while attending Camp Lincoln/Camp Lake Hubert.

☐ This camper will take the following medication(s) while attending Camp Lincoln/Camp Lake Hubert. Bring enough of each med to last the entire session. Campers takings meds for psychiatric reasons should be on the same medication at the same does for the three months prior to their arrival.

Note: All medications must arrive in the original, appropriately labeled pharmacy containers (as described in the Parent Handbook).

Name of Medication	Reasons for Taking It	Dose Given & When	Date Started?
		☐ Breakfast Dose: _____ ☐ Lunch Dose: _______ ☐ Evening Dose: ______ ☐ Bedtime Dose: ______	
		☐ Breakfast Dose: _____ ☐ Lunch Dose: _______ ☐ Evening Dose: ______ ☐ Bedtime Dose: ______	
		☐ Breakfast Dose: _____ ☐ Lunch Dose: _______ ☐ Evening Dose: ______ ☐ Bedtime Dose: ______	

The following generic medications are stocked in the camp health center and are used to manage illness and injury as directed by our medical protocols. **Cross out those your camper should <u>NOT</u> be given**.

Acetaminophen (Tylenol)	Diphenhydramine (Benadryl)	Ivy Dry	Triple antibiotic cream
Calamine Lotion	Guaifenesin DM (cough syrup)	Sore throat spray	Pseudoephedrine (Sudafed)
Ibuprofen (Advil, Motrin)	Chlorpheneramine Maleate (allergy medication)	Tinactin	Lice shampoo/cream (Nix, Elimite)
Bismuth Tabs (Pepto-Bismal)	Generic cough drops	Silver sulfadiazine	Loratadine (Claridin)

***BILLING INFORMATION FOR HEALTH CARE**

Parent/guardians are financially responsible for health care given by an out-of-camp provider for medication, illness, treatment, pre-existing conditions, etc.

Please include a copy of an insurance card. Copy both sides so addresses and telephone numbers are readable.

*Medical Insurance Information:

Insurance Company: ____

Claims Address: ____

Policy number for your child: ____

IMPORTANT: Please notify the camp if this camper is exposed to any communicable diseases prior to camp attendance.

**** Asthma, Diabetes or Anaphylaxis?**
Complete an additional form available online at www.lincoln-lakehubert.com or by calling 1-800-242-1909.

GENERAL HEALTH HISTORY: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

YES	NO		YES	NO	
☐	☐	Operations or serious injuries (list dates & condition below)	☐	☐	Allergies to foods (explain below) **
☐	☐	Disability or other special needs	☐	☐	Allergies to any medications (explain below) **
☐	☐	(Girls) ever menstruated	☐	☐	Any other allergies (explain below) **
☐	☐	(Girls) if not, has she been told about it	☐	☐	Any chronic recurring conditions (i.e. seizures, ear infections, etc.)
☐	☐	Special Equipment (e.g. ear plugs, braces, retainers)	☐	☐	Allergies to foods (explain below) **
☐	☐	Any special dietary needs (list below)	☐	☐	Asthma **
☐	☐	Vegetarian (eats no meat)	☐	☐	Diabetes **
☐	☐	Piercings/tattoos (list below)	☐	☐	Frequent headaches
☐	☐	Wear glasses, contacts, or protective eyewear	☐	☐	Problems with bed-wetting
☐	☐	Have any skin problems	☐	☐	Problems with sleepwalking
☐	☐	Traveled outside the country in the past 9 months	☐	☐	Problems with diarrhea/constipation
☐	☐	Any conditions or restrictions that effect participation in the program (explain below)			

Please explain "Yes" answers in the space below or on a separate sheet. For travel outside the country, please list name of countries visited and dates.

HEALTH-CARE PROVIDERS:

Name of camper's primary doctor(s): ______________________ Phone: ______________

Name of dentist(s): ______________________ Phone: ______________

Name of orthodontist(s) ______________________ Phone: ______________

MENTAL, EMOTIONAL AND SOCIAL HEALTH: Check "Yes" or "No" for each statement.

1. This camper has been diagnosed with Attention Deficit Disorder (ADD) or AD/HD .... ☐ Yes ☐ No
2. This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder, eating disorder.......... ☐ Yes ☐ No
3. This camper has an emotional health concern (specify______________________) .... ☐ Yes ☐ No
4. During the past academic year, this camper has seen or is currently seeing a professional to address mental/emotional concerns .... ☐ Yes ☐ No

   If "yes," was the answer to any of the four statements above, attach a statement from your camper's professional (e.g., psychiatrist, physician) that addresses the following three things:
   (a) Describes the concern and the camper's management plan (including medication) while in our program;
   (b) Describes the behaviors that will indicate to our staff the your camper's needs professional referral; and
   (c) Provides recommendation for the camper's participation in our program.

5. This camper has had a significant life event that continues to affect the camper's life.......... ☐ Yes ☐ No

   If "yes," please attach written information about the event – death of a loved one, family change, adoption, new sibling, survived a disaster—its impact upon your camper's life, and care tips for the cabin staff. Keep in mind our staff are generally college students.

WHAT HAVE WE FORGOTTEN TO ASK? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.

Camper Name: ____ **Session:** ______________________

2010 CAMPER HEALTH RECORD (For Camp Use Only) Page 4 of 4

date/time

Screening done by

SCREENING has been conducted according to camp protocol and significant findings noted.

A. Any signs/symptoms of illness or injury upon arrival? ☐ No ☐ Yes as noted below

B. History of exposure to communicable disease? ☐ No ☐ Yes as noted below

C. Additions or corrections to information on this health history? ☐ No ☐ Yes as noted below

D. Medication given to healthcare staff? ☐ No ☐ Yes as noted below

E. Any signs/symptoms of head lice? ☐ No ☐ Yes as noted below

EXIT NOTE – Check one of the following:

☐ Left camp this day with no reported illness or injury symptoms

☐ Left camp this day with the following problem/concern: ____________________________________

Date: ____________

Initials: ____________

This person was told about the problem and instructed about follow-up as noted above: __________________________