

## Registration and Health Form

Please print clearly. This form may be copied. Use a separate form for each camper and/or one form for each week attended by the same camper. Health information on this form is gathered to assist us in identifying appropriate care.

**RETURN TO: Shetek Lutheran Ministries 14 Keeley Island Drive Slayton, MN 56172**

**NOTE: a \$50 deposit must be returned with this form**

Program: _____	Session Dates: _____
Cabinmate (your name must appear on their registration as well) _____	

Camper Name _____	Parent/Guardian _____
Address _____	Work phone _____
City/State/Zip _____	E-mail Address _____
Phone _____ Birthdate _____	Siblings attending camp _____
Grade completed _____ Gender _____	Second parent or guardian _____
Church _____	Phone _____ Work phone _____
City _____	Emergency Contact _____
Amount paid by your church _____	Phone _____

Please charge \$\_\_\_\_\_ to my  Visa  Mastercard # \_\_\_\_\_

Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

<p><b>Health History</b> (Check if yes. Give approx. dates)</p> <p><input type="checkbox"/> Frequent Ear Infections</p> <p><input type="checkbox"/> Heart Defect/Disease</p> <p><input type="checkbox"/> Convulsions</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Bleeding/Clotting Disorders</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Mononucleosis</p> <p>Diseases</p> <p><input type="checkbox"/> Chicken Pox</p> <p><input type="checkbox"/> Measles</p> <p><input type="checkbox"/> German Measles</p> <p><input type="checkbox"/> Mumps</p> <p>Allergies (Dates not needed)</p> <p><input type="checkbox"/> Hay Fever</p> <p><input type="checkbox"/> Poison Ivy, etc.</p> <p><input type="checkbox"/> Insect Stings</p> <p><input type="checkbox"/> Penicillin</p> <p><input type="checkbox"/> Other Drugs _____</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>
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<p><b>Immunizations (give approx. dates)</b></p> <p><input type="checkbox"/> DPT Permanent Shots (3)</p> <p><input type="checkbox"/> Tuberculin</p> <p><input type="checkbox"/> Polio Immunization</p> <p><input type="checkbox"/> MMR (Measles, Mumps, Rubella)</p> <p><input type="checkbox"/> Tetanus Toxioid Booster</p>
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<p><b>Swimming Ability</b></p> <p><input type="checkbox"/> Non-swimmer</p> <p><input type="checkbox"/> Beginner-minimal skills; avoids deep water</p> <p><input type="checkbox"/> Intermediate-comfortable in deep water</p> <p><input type="checkbox"/> Advanced-extremely comfortable; lifeguard</p>
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Chronic or recurring illness or medical condition that may affect Camp life \_\_\_\_\_

Dietary Restrictions (i.e. vegetarian, lactose intolerant, etc.) \_\_\_\_\_

Other suggestions that may help make your child's week more Comfortable and enjoyable (fear, anxieties, etc.) \_\_\_\_\_

Medications (please list and send with your camper, please include Instructions) \_\_\_\_\_

May acetaminophen/ibuprofen be administered if needed? Yes No

Female: Has this person menstruated?  If not, has it been discussed?

If so, is her menstrual history normal? \_\_\_\_\_

Special Consideration \_\_\_\_\_

<p>Insurance Company _____ Policy# _____</p> <p>Family Doctor _____ Phone _____</p> <p style="text-align: center;">Please send a copy of your card with this form.</p>
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My child has permission to participate in all aspects of the program at Shetek Lutheran Ministries, except as noted. I hereby give my permission to the physician selected by the camp to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. Shetek will make every effort to contact me if my child needs emergency medical-surgical treatment. I understand that my insurance has primary coverage and Shetek Lutheran Ministry insurance is secondary. I also give permission for any picture taken of my child to be used for promotional purposes both on and off the internet.

**Parent or Guardian Signature** \_\_\_\_\_