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## MEDICAL HISTORY

Please list approximate dates for all that apply.

Diabetes:	Blood Clotting:	Measles:	Bowel Trouble:
Asthma:	Seizures:	Hepatitis:	Menstruation Trouble:
Athletes Foot:	Fainting:	Respiratory Problems:	Other:
Chicken Pox:	Stomach Trouble:	Heart Trouble:	
Mumps:	Hernia:	Ear/Throat Trouble:	

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## MEDICATIONS

Will this camper be taking medication while at SLM? \_\_\_\_\_ If so, list medication name(s) here and transfer complete information i.e. name, dosage, times taken onto the enclosed *SLM Medication Sheet*.

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If medication, dosages, or times taken changes after you've sent the *SLM Medication Sheet* to camp, bring an updated sheet with you on July 9, 2012. Please make copies of the *SLM Medication Sheet* before sending it to camp so you are prepared to bring these changes with you on the day you register at camp. This makes registration easier for the SLM Staff and less time consuming for you. Thank you for your cooperation!

Note: Any medication campers may be taken will be given to our camp health manager at registration. Be sure all medications are clearly labeled with:

1. Camper's Name
2. Name of Medication
3. Dosage
4. Time Medication is to be taken

Also, supply the RX number and the name of the pharmacy supplying the medication. PLEASE SEND ENOUGH FOR THE WEEK. It is a good idea to send one extra dose of each medication as a replacement in the event that a medication is dropped/lost.

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## IN CASE OF MEDICAL EMERGENCY

If your camper is ill, he/she will be treated according to written and approved doctor's standing orders. Shetek Lutheran Ministries Staff will notify the parent and/or caregiver if your camper requires any type of advanced medical care beyond the basic care provided by the camp health staff. Shetek Lutheran Ministries will also contact you if there is a discrepancy between the dosage instructions on the label of a camper's medication. I give my permission to the local physician to hospitalize, treat, order injections, anesthesia or perform surgery if need be.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_