Approved By_____ Last Name,FI_____

Cluster_____

THIS IS NOT A REGISTRATION FORM

2017 CAMPER HEALTH FORM

LutherSprings

Week _____ Program Name _____

If attending a second week:

Week _____ Program Name _____

Each camper MUST complete a 2017 health form. A copy of a physical exam within the last 12 months of the camper's first day at camp must be attached or validated on the health form with a physician's signature..

Complete all 4 PAGES. Must have a PHYSICIAN'S SIGNATURE plus PARENT SIGNATURES in 3 SIGNATURE LOCATIONS. Submit by MAY 1, 2017. Make a copy for your records before sending.

Name_____

Last First (Name Used) MI

Birth Date_____ Age_____ Grade_____ ☐ Male ☐ Female

Parent/Guardian Names(s) _____ Relationship _____

Home Address _____City _____State _____Zip_____

Home Phone _____ Work Phone_____ Cell Phone _____

Email_____

PLEASE NOTIFY IF PARENT/GUARDIAN IS UNAVAILABLE IN CASE OF EMERGENCY.

Emergency Contact #1 _____ Relationship_____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact #2 _____ Relationship_____

Home Phone _____ Work Phone _____ Cell Phone _____

Physician name _____ Phone _____

Health Insurance Information

NovusWay has secondary accident insurance. The parent/legal guardian's primary insurance is responsible for charges associated with an accident or illness.

Carrier Name _____

Carrier Address _____

Policy # _____ Phone _____

Policy Holder's Name _____

Policy Holder's Date of Birth_____

If you have an Rx card Bin # _____ ID # _____ Group # _____

MEDICAL RELEASE AND AUTHORIZATION FOR TREATMENT

Signature Required for Participation if camper is under 18 years old

The undersigned, as parent/legal guardian of the camper, authorizes NovusWay Ministries, its delegated leaders, directors, and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. NovusWay, Inc. will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases NovusWay, Inc. and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off camp.

Printed Name _____ **Signature** _____ **Date** _____

Last name, FI _____

FLORIDA

PUTNAM COUNTY

LUTHER SPRINGS CAMP AND RETREAT CENTER

PARTIAL WAIVER AND RELEASE OF LIABILITY

READ CAREFULLY BEFORE SIGNING

In consideration of Lutheran Outdoor Ministries of Florida 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 Lutheran Outdoor Ministries of Florida for the age group in question (which may include, among other things, camping, hiking, canoeing, playground activities, and swimming). I, on behalf of myself, and my personal representatives hereby waive, release and discharge Lutheran Outdoor Ministries of Florida, its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of Lutheran Outdoor Ministries of Florida and its respective agents and employees. I further waive, release and discharge Lutheran Outdoor Ministries of Florida 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 Lutheran Outdoor Ministries of Florida, or its agents is a party shall be the General Court of Justice, Putnam 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 LUTHER SPRINGS CAMP AND RETREAT CENTER, LUTHERAN OUTDOOR MINISTIRES OF FLORIDA, AND THE FLORIDA/BAHAMAS SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

_____ _____ _____

PARTICIPANT NAME (PRINT) AGE IF MINOR PROGRAM/DATES

_____ _____

CAMPER SIGNATURE (If 18 years of age or older) DATE

_____ _____

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN* DATE

TRANSPORTATION PERMISSION

I hereby allow my child to be transported for off-site outings.

_____ _____

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN* DATE

PERMISSION TO PHOTOGRAPH

I hereby allow my child to be photographed for possible inclusion in NovusWay publications
Or on the NovusWay website.

_____ _____

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN* DATE

***Signature of Custodial Parent or Guardian Required**

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 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 12 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* _____

PAST MEDICAL TREATMENT & HEALTH HISTORY

Has/does the participant:	*Yes*	*No*		*Yes*	*No*
Had any recent injury, illness or infectious disease….	☐	☐	Ever had high blood pressure……	☐	☐
Have a chronic or recurring illness/condition…….	☐	☐	Ever had back problems……	☐	☐
Have frequent headaches……	☐	☐	Ever had problems with joints (eg. knees, ankles)..	☐	☐
Ever had a head injury……	☐	☐	Have any skin problems……	☐	☐
Have frequent ear infections……	☐	☐	Had mononucleosis in the past 12 months……	☐	☐
Ever passed out during or after exercise……	☐	☐	Have problems with sleepwalking……	☐	☐
Ever had chest pain during or after exercise……	☐	☐	Have a history of bed-wetting……	☐	☐
Ever had seizures ……	☐	☐	Ever had an eating disorder……	☐	☐
Ever had an operation……	☐	☐	Been diagnosed as ADD or ADHD……	☐	☐

Please explain any "yes" responses:_____

_____

Describe any current physical or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp.

_____

Describe any camp activities from which the camper should be exempted for health reasons._____

_____

Allergies: ❑Hay Fever ❑ Poison Ivy ❑Insect Stings ❑Food _____ ❑Other_____

Asthma: ❑ Severe ❑Moderate ❑ Mild Triggers?_____

Nutritional/dietary restrictions: _____ ***Diabetic? ❑No ❑Yes Vegetarian? ❑No ❑Yes***

Does camper have any medication allergies? ❑Yes ❑No If yes, list medication(s)_____

Has the camper had any of the following: ❑Measles ❑Chicken Pox ❑Mumps❑ German measles

Please attach immunization record or indicate **the date** (MM/YY) of the last immunizations/booster for:

DTP_____ MMR_____ Hepatitis B_____ HIB_____

Does the camper know how to swim? ❑Yes ❑No

Is camper currently taking any prescribed or over-the-counter medicine? ❑Yes ❑No

If "yes", what medications? _____

Which of these medications will the camper bring to camp? _____

ANY MEDICATIONS TO BE TAKEN AT CAMP MUST BE IN CLOSED VIALS WITH ORIGINAL PHARMACY LABELS INTACT.

PLEASE COMPLETE THE MEDICATION FORM AND BRING IT TO CHECK-IN.

NovusWay, Inc. wants to provide the best possible camp experience, spiritually, physically and socially for your child. Your responses below will help our staff best meet his/her needs.

Camper's Name_____ Grade just completed _____

- ❑ Camper is attending an overnight camp for the first time.
- ❑ Camper has attended another overnight camp, but this is his/her first time at Lutheridge, Lutherock, or Luther Springs.
- ❑ Camper has attended Lutheridge, Lutherock or Luther Springs before. Number of years: _____
- ❑ I have other children attending Lutheridge , Lutherock , Luther Springs the same week.

Names/Grades _____

_____

Describe camper's feelings about attending camp (i.e. excited, hesitate, resistant, etc.). _____

_____

Use the following scale (put a mark) to let us know how the decision was made for this camper to attend camp.

Totally Voluntary Decision completely camper's	Mutual Decision Camper made w/ encouragement	Totally Involuntary Decision made for camper

Does camper tend to get homesick when spending the night away from home? _____

Are there any major events or significant situations that we should be aware of?_____

_____

Has this camper had any negative camp experiences that we should be aware of? _____

_____

_____

Are there any concerns this camper is addressing that would be helpful for us to know? _____

What camp activities do you think this camper will enjoy the most? _____

_____

Anything else you'd like us to know?

_____

_____

Thank you for the information. Please know it will only be read by staff working directly with your child.

We look forward to a successful and fun camp experience for your child!

Scan and email completed health form to camperhealth@novusway.com; **fax to 828-687-1600;**

or mail to NovusWay Registration, 2049 Upper Laurel Drive, Arden, NC 28704 call 828-209-6301 with questions or concerns.

PLEASE BRING THIS WITH YOU TO CAMP!!! Do not mail this form in.

MEDICATIONS: *Please do not send common over-the-counter medications like: Tylenol, Motrin, cold medication, antacids/anti diarrheals, antihistamines, etc. We have these things in our first aid kit and will administer them if needed.*

All prescription medications must be in the original container with dosage instructions by the pharmacy.

INSTRUCTIONS for filling out the Luther Springs medication form:

PLEASE READ THIS!

1. Leave cabin/area blank
2. PRINT name of camper
3. PRINT dates of camp week
4. READ the paragraph. Write in any over the counter medications that the camper should not have.
5. Sign on the parent/representative line.
6. Fill out the **LEFT** side of the form – listing each medication.
   Include: Name of medication. Can camper refuse it? Route: How is it given (i.e. mouth)?

   Dose (i.e. how many tablets)? When? (Check meals or bedtime when it is to be given.)

7. **Do not fill in the chart** on the **RIGHT** side of the form (grey area). The nurse/counselor will fill that in as dose is given.
8. **Do not sign the line at the bottom.** The person who picks the camper up at check out will review the form and sign there.

Cut here and bring the bottom part of this form with you to camp.

Area_____ Cabin_____

(***Area and Cabin will be assigned at camp.***)

LUTHER SPRINGS MEDICATION ADMINISTRATION FORM

Camper: _____ ***Week of*** _____

LutherSprings staff has my permission to administer these medications to this camper according to the dosage instructions stated below. (Send all meds in original containers. Instructions should match container.)
In addition, Luther Springs has permission to administer the following as needed: Tylenol, Motrin, cold medication and antacids/antidiarrheals, including Pepto-Bismol, with the exception of_____.

Parent / Designated Representative Signature: _____*Date*_____

Parent fills out this part before camp week ***Counselor/Nurse fills in chart during week***

Med:	Route	Dose	Give at:	Sun	Mo	Tue	Wd	Thu	Fri	Sat
Can camper refuse this med? Y / N			**Br**							
Special Instructions:			**L**							
			S							
			Bt							
Med:	**Route**	**Dose**	*Give at:*	**Sun**	**Mo**	**Tue**	Wd	**Thu**	**Fri**	**Sat**
Can camper refuse this med? Y / N			**Br**							
Special Instructions:			**L**							
			S							
			Bt							
Administered by: (Name of person giving meds)										

This form reviewed at checkout

by: _____ ***Date*** _____