



Health History Form

N18250 Lake Lane
Pembine, WI 54156
(715) 324-5457 camp@llbc.org

☐ Camper ☐ Staff Year: _____
Dates of attendance: (fill in or check programs)
☐ Junior 1 ☐ Teen 2
☐ Teen 1 ☐ Junior 2 ☐ Youth 3
☐ Youth 1 ☐ Youth 2 ☐ Teen 3

Lake Lundgren Bible Camp desires that everyone's experience is safe and rewarding. In case of an accident or illness, it is important that we have the following medical history and health insurance information. Please complete the following information and ensure camp is aware of any special needs. Thank you.

Name: _____ Birth date: ____/____/____ Age at camp: _____ Gender: M / F
Last First Middle
Home address: _____
Street address City State Zip
Parent/guardian: _____ Phone: (____) ____ - _____ Cell: (____) ____ - _____
If not available in an emergency, notify: _____
Relationship: _____ Phone: (____) ____ - _____ Cell: (____) ____ - _____

Health Insurance Information

Insurance Company: _____ Subscriber's Name on Card: _____ Policy No.: _____
Insurance Company Address (Claims): _____
Street address City State Zip
Name of family physician: _____ Phone: (____) ____ - _____
Name of family dentist/orthodontist: _____ Phone: (____) ____ - _____

Health History Information

General: Has/does the camper or staff:

	Yes	No
1. Been treated for recent injury or illness?	___	___
2. Have a chronic or recurring illness/condition?	___	___
3. Have autism?	___	___
4. Have asthma?	___	___
5. Have diabetes?	___	___
6. Have frequent ear infections?	___	___
7. Ever had seizures?	___	___
8. Had mononucleosis in the past 12 months?	___	___
9. Been recently diagnosed with, exposed to, or show symptoms of any contagious disease, including but not limited to: flu, chicken pox, strep throat, etc.	___	___
10. Have medications with them at camp? *	___	___

Date of last Tetanus shot: ____/____/____

	Yes	No
11. Ever been diagnosed with a heart defect/disease?	___	___
12. Ever had high blood pressure?	___	___
13. Ever had a head injury?	___	___
Allergies Does the camper or staff have:		
14. Food allergies?	___	___
15. Allergic reaction to insect stings?	___	___
16. Medication allergies?	___	___
17. Other: _____	___	___

NOTE: For the safety of campers and staff, anyone with symptoms of a contagious disease will be quarantined and upon confirmation of the diagnosis will be sent home.

Please explain any "yes" answers to include specific illness, condition, or allergy; any limitations or restrictions; and dates, if applicable (note the no. of the question) : _____

Please provide any additional information about any behavior and/or physical, emotional, or mental health conditions which the camp should be aware: _____

Medications *

Please list medication to be administered at camp and reason for taking (medication must be labeled with name, description, dosage and time taken):

PARENTAL/GUARDIAN CONSENT FOR THOSE UNDER 18 YEARS OF AGE: I hereby give permission to Lake Lundgren Bible Camp's administration to provide routine health care, administer prescribed medications, arrange necessary related transportation, and seek emergency medical treatment. In the event I cannot be reached in an emergency, I hereby give permission to Lake Lundgren Bible Camp's administration to secure and administer professional medical treatment, including hospitalization, injection, anesthesia, and/or surgery for the person named above.

Signature of parent or guardian: _____ Date: ____ / ____ / ____

Printed Name: _____