

St. John's Lutheran Church HEALTH FORM

Please print and mail to:
St. John's Lutheran Church
Attn: Camp
20275 Davidson Rd,
Brookfield, WI 53045

Please fill out and sign one health form per child

CHILD'S NAME: _____ **Grade** _____

Date of Birth _____ **Parent email** _____

NAME	HOME PHONE	WORK PHONE	CELL PHONE
Parent #1:			
Parent #2:			
Other Emergency Contact:			

HEALTH HISTORY (To be completed by parent or guardian)

1. Has the participant been subject to medical treatment for any of the following? (Check all that apply)

- | | | | | | |
|-----------|--------------------------|-------------|--------------------------|-----------------|--------------------------|
| Diabetes | <input type="checkbox"/> | Ear Trouble | <input type="checkbox"/> | Seizures | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | Poison Ivy | <input type="checkbox"/> | Throat or Sinus | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Behavior | <input type="checkbox"/> | Bee Sting | <input type="checkbox"/> |

Please explain any of the above _____

2. Please explain conditions requiring medication or other condition requiring special care

3. ALLERGIES: (Please describe any conditions and treatments)

4. BEHAVIORAL: (Please list any behavior info we should be aware of to ensure proper staffing. ADHD, anxiety, etc)

5. MEDICATIONS: give name, dose, schedule (medication must be brought in original prescription bottle)

PARENTAL AUTHORIZATION & RELEASE FROM LIABILITY - In the case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of the participant. In the event that I cannot be reached, I hereby give permission to the medical examiner selected by the church staff to hospitalize, to secure proper treatment for, to order injection, anesthesia, or surgery for my child as named on this form. I hereby release, forever discharge and hold harmless. St. John's Lutheran Church, or the staff or volunteers of the organization from any and all liability for personal injury or illness that might result from my child's participation in 2018 Music Camp and VBS.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____