Living Waters 47 Dark Cove Rd., Weston, P.O. Box 250, Danforth, Maine 04424
Phone: 207.448.2310 Fax: 207.448.3282 moreinfo@lwcamp.com www.lwcamp.com

Camper Health Record

THIS FORM MUST BE COMPLETED IN ORDER TO ATTEND CAMP.

Name ..... Sex: M ◯ F ◯

Address .....

City ..... State/Prov ..... Zip/Postal Code .....

Age ..... Date of Birth (m/d/y) ..... Parents .....

Parent's Home Phone ..... Parent's Work Phone .....

In Emergency Contact ..... Relationship .....

Home Phone ..... Work Phone .....

Does the camper have physical limitations? Yes ◯ No ◯ (If yes, please explain)

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Rate the camper's swimming ability: Excellent ◯ Good ◯ Fair ◯ Poor ◯

Health History - Has the camper had any of the following:
Chicken Pox ◯ Measles ◯ Mumps ◯ Appendectomy ◯ Frequent Colds ◯

Does the camper have problems with any of the following: Heart ◯ Ears ◯ Skin ◯ Hernia ◯ Diabetes ◯
Seizures ◯ Headaches ◯ ADD ◯ Stomach: Indigestion ◯ Nausea/Vomiting ◯ Lungs: Hay Fever ◯ Asthma ◯

Allergies (Please List) Reaction Degree (severe, moderate, mild)

1. .....
2. .....
3. .....

Last Tetanus Immunization: ..... (please be sure this is up-to-date before camp)

Has the camper ever been away from home for longer than a week? .....

Please provide us with any other health information about the camper that would be helpful. All medical & psychological info must be listed to be sure appropriate care can be provided.

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Medications: All medications other than those needed on an immediate basis by the camper (i.e., bee sting kit) will be kept in the possession of the camp nurse. Please send medications in their original container (i.e., prescription bottle). Please list all medications currently used by the camper. (Camp provides over-the-counter meds.)

Medication Dose Time(s) of day

1. .....
2. .....
3. .....

Emergency Care Authorization: In the case of an emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached or in the urgency of circumstances makes it necessary, I hereby give permission to the physician selected by the camp director or his designee to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above.

Signature: .....
Date: .....
Relationship to camper: .....

Insurance Company: .....
Policy #: .....
Child's Physician: .....
Phone # .....