Lakeside Advent Christian Campground
Medical Forms

***** IMMUNIZATION RECORDS ARE REQUIRED BY THE STATE *****

Camper's Full Name: _____ Date of Birth: _____
Home Address: _____City: _____
State: _____ Zip: _____

*Primary Parent/guardian **with legal custody** to be contacted in case of illness or injury:*

Name: _____ Relationship to Camper: _____
Preferred Phones: (_____) _____ Alternate Number: (_____) _____
Home Address: _____ (If different from above: include Street Address, City, State, Zip Code)

*Second parent/guardian or other **emergency contact**:*

Name: _____ Relationship to Camper: _____
Preferred Phones: (_____) _____ Alternate Number: (_____) _____

Primary Care
Provider's Name & Office: _____
Office Number: (_____)_____

Medical Insurance Information:
This camper is covered by family medical/hospital insurance: YES☐ NO☐

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable
Insurance Company_____
Policy Number_____
Subscriber_____
Insurance Company Phone Number (_____)_____

*****PLEASE ATTACH CAMPERS IMMUNIZATION*****
*****RECORDS TO MEDICAL FORM*****

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"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **All medications** must be given to the nurse at registration.

The following *non-prescription medications* may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Cross out those the camper should not be given.

- Acetaminophen (Tylenol)
- Diphenhydramine
- Allergy medicine (Benadryl)
- Sore throat spray
- Calamine lotion
- Laxatives for constipation (Ex-Lax)
- Ibuprofen (Advil, Motrin)
- Generic cough drops
- Antibiotic ointment,
- Aloe
- Bismuth subsalicylate (Kaopectate, Pepto-Bismol)

LAKESIDE can only accept medications in their original pharmacy containers with labels that show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Medication Name/Dose How often it is taken	When it is given
	Breakfast Lunch Dinner Bedtime Other time:_____
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Medical Form – General Health

General Health History: ***Mark "Yes" or "No" for each statement. Explain "Yes" answers below.*** Has/does the camper:

1. Have recurrent/chronic illnesses?
   YES ☐ NO ☐
2. Had a recent infectious disease?
   YES ☐ NO ☐
3. Had a recent injury?
   YES ☐ NO ☐
4. Had asthma/wheezing/shortness of breath? YES ☐ NO ☐
5. Have diabetes? YES ☐ NO ☐
6. Seizures disorder? YES ☐ NO ☐
7. Had headaches/migraines?
   YES ☐ NO ☐
8. Wear glasses, contacts, or protective eyewear?
   YES ☐ NO ☐
9. Had fainting or dizziness?
   YES ☐ NO ☐
10. Passed out/had chest pain during exercise? YES ☐ NO ☐
11. Cardiac condition/defect?
    YES ☐ NO ☐
12. Had mononucleosis ("mono") during the past 12 months?
    YES ☐ NO ☐
13. Has an Infectious disease (Hepatitis, TB, etc.)?
    YES ☐ NO ☐
14. Joint/Back Issues that we should be aware of? YES ☐ NO ☐
15. Any mental health, behavior or emotional health concerns that we should be aware of
    YES ☐ NO ☐

Please explain "Yes" answers below.

Record the number of the questions before your answers. Explain how the health issue is treated and if it is being followed by camper's doctor.

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Medical Form – General Health

Allergies: (Check the box below that applies)

- ☐ Camper does NOT have any allergies
- ☐ Camper has anaphylactic allergies to: _____
- ☐ Camper has mild allergies to: _____

Diet, Nutrition:

- ☐ This camper eats a regular diet.
- ☐ This camper eats a vegetarian diet.
- ☐ This camper is lactose intolerant.
- ☐ This camper is gluten intolerant.
- ☐ Other (***please explain below)***

If your camper has dietary restrictions:
Please reach out to camp ahead of time!

We may not be able to adequately meet the needs of every dietary restriction. We would still love to see your camper but may need you to provide something specific for them if you would like to have them participate.

Restrictions:

- ☐ The camper can participate without restrictions.
- ☐ The camper can participate with the following restrictions or adaptations. ***(Please describe below)***

I certify that all information provided on this form is accurate and that all pertinent information regarding the health of (camper's name)_____ has been communicated to Lakeside's medical personnel and that I have the legal authority to provide said information as well as register this person in LAKESIDE'S YOUTH CAMP.

Name _____ Sign _____ Date: ___/___/___