Sequanota Lutheran Conference Center and Camp
Health History and Examination Form
(To be completed by parents/guardians of those under 18 years, or by adult campers or staff member themselves.)

Name_____**Birthdate**_____**Sex**_____**Age**_____
Last First Initial

Parent or Guardian (or spouse)_____
Last First Initial

Home Address_____**Phone**_____
Street & Number City State Zip Area/Number

Business Address_____**Phone**_____
Street & Number City State Zip Area/Number

Second Parent/Guardian/Emergency Contact_____
Last First Initial

Home Address_____**Phone**_____
Street & Number City State Zip Area/Number

Business Address_____**Phone**_____
Street & Number City State Zip Area/Number

If not available in an emergency, notify_____
Last First Initial

Address_____**Phone**_____
Street & Number City State Zip Area/Number

Allergies: (Check Boxes)
[ ] Environmental Allergies
[ ] Ivy Poison
[ ] Insect Stings
[ ] Peanuts
[ ] Food
[ ]Medications

_____
_____
_____

Health History:
[ ]Asthma
[ ] Frequent Ear Infection
[ ] Heart Defect/Disease
[ ] Epileptic Seizures
[ ] Diabetes
[ ] Bleeding/Clotting Disorders
[ ] Hypertension
[ ] Mononucleosis
[ ] Chicken Pox
[ ] Measles
[ ] German Measles
[ ] Mumps
[ ]Whooping Cough
[ ]Hepatitis

Insurance: Do you carry family/medical/hospital insurance? Yes__ No__
Health Insurance Co._____
Policy or I.D.#_____
Group Plan I.D.#_____
Carrier Address_____
Doctor's Name _____**Phone** _____

For Females:
Has this person menstruated?____If not, has she been told about it?___
If so, is her menstrual history normal?_____Special Considerations___

Activity Restriction:_____
_____

Dietary Restrictions/Food Allergies:_____
_____

Current Medications (**send in original containers w/ instructions**):_____
_____

(**Dose and dosing times need to be discussed with nurse.)**

Please include a list of previous medical conditions/treatments:
_____
_____

Please include a list of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:_____
_____
_____

Attention! This Box Must be Completed for Attendance.

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted. **Emergency Authorization:** I hereby give permission to medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purpose; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

SIGNATURE OF PARENT/GUARDIAN OR ADULT CAMPER/STAFF_____
WITNESS_____**DATE**_____

Please attach Immunization History to this health form

A copy is available from your family physician.

For campers, a heath examination form must be provided from the last 12 months.
A copy of a doctor or a school exam will suffice.

To be completed by family licensed Physician:

I have examined the above applicant. ❑ Yes ❑ No Date Examined_____
Height_____ Weight_____ Blood Pressure_____
In my opinion, the above condition ❑ does ❑ does not preclude his/her participation in an active camp program.

The applicant is under the care of a physician for the following condition(s)_____
_____

Current treatment (including current medication)_____
_____

Recommendations and Restrictions while at Camp
Any treatment to be continued at camp_____
_____

Activities to be encouraged or restricted_____

Additional health information_____
_____

Licensed Physician's Signature_____
Address_____ Phone_____
Street & Number City State Zip Area/Number
Date of Form Completion_____*By_____
*Initial if completed by more or physician assistant

This form is designed to help us provide a safe and enjoyable camp experience. Please fill it out and return it to **Sequanota, P.O. Box 245, Jennerstown, PA 15547** at least one week prior to your arrival at camp. ***Campers cannot be accepted for camp sessions without a health history form that has been signed by a parent/guardian.***

Reviewed 4/2013