



First Lutheran Church

402 S Court Street • Fergus Falls, MN 56537

218-739-3348

www.firstlutheranchurchff.org

CHILD & YOUTH HEALTH FORM

Please complete the following health form. Children/Youth **MUST** have a **signed** and **completed** health form to participate in events.

Child's Name: _____
Last First Middle Initial

Mailing Address: _____

City, State, ZIP: _____

Child's Cell Phone Number (for 7th-12th graders only) _____

Gender: _____ Age: _____ Birth Date: _____ Grade _____

Parent/Guardian: _____ Day Phone Number: _____

Relationship: _____ Evening Phone Number: _____ Cell Phone Number: _____

Parent/Guardian: _____ Day Phone Number: _____

Relationship: _____ Evening Phone Number: _____ Cell Phone Number: _____

Insurance/Billing Information: In the event of an accident or injury requiring medical attention, your personal insurance will be considered **PRIMARY CARRIER**.

Company Name: _____

Policy Number: _____

In the event the above named camper needs to see a Doctor while at camp, the bill should be sent directly to:

(Please **Check one**) To the Parents To the Parents' Health Insurance Company

Health History: First Lutheran Church uses this information to... 1) Provide health care with an informed background about your child 2) Educate staff/volunteers about their respective student's needs

Allergies/Food Restrictions: Check those which apply to this child.

- This child has no known allergies.
 This child has an allergy to the following food(s), medication(s), and/or substance(s): _____

Do any of these allergies this cause anaphylaxis? Yes No

Describe the reaction(s) and what can be done for management (attach any additional information if needed):

General Health History: This child has had:

- Mononucleosis Chicken Pox Measles
 Mumps Hay Fever German Measles
 This child has hearing within normal ranges. This child has vision within normal range.

This child is free from illness, injury, or surgery which would affect participation..... Yes No

Chronic Health Concerns: Check all that pertain to this child and provide information that would aid in providing supportive health care and a supportive environment.

- This child has no chronic concerns and is capable of full participation.
- This child has the following chronic concern(s):
 - Asthma Diabetes Heart Defect/Disease Seizure Disorder
 - Hypertension Frequent Colds Frequent Ear Infections Bleeding/Clotting Disorder

Other (please describe) _____

Additional Information about checked item(s): _____

Mental/Emotional Health Concerns: Check "Yes" or "No" for each statement.

This child has an emotional health concern..... Yes No

This child has a learning disability..... Yes No

This child has been diagnosed with Attention Deficit Disorder (ADD or ADHD)..... Yes No

If "yes" was answered to anything in this section, please attach a statement if any special considerations should be taken

Medication: Please complete all required information. All medications MUST be in the original pharmacy containers and labeled appropriately. Child MUST turn in all medications, vitamins and over-the-counter drugs to the Director upon arrival. For the safety of your child and other campers self-medicating is not allowed.

- This child does not take any medication.
- This child takes routine medication (complete the following):

Name of Medication: _____ Reason: _____

Dose: _____ Time(s) of Day: _____

Name of Medication: _____ Reason: _____

Dose: _____ Time(s) of Day: _____

Immunization: Please note month and year of the shots or the most recent booster.

DTP: Diphtheria, Tetanus, Pertussis _____ Td: Tetanus Booster _____

MMR: Measles, Mumps, Rubella _____ Others: _____

Doctor/Dentist Contact Information:

Name of Child's Physician _____ Phone _____

Dentist _____ Phone _____

In Case of Illness

My child will stay home from church activities if he/she has any of the following symptoms:

- A fever greater than 100 degrees and will stay home until he/she has been fever free for 24 hours without medication.
- Diarrhea
- Vomiting more than two times in a 24-hour period
- Mouth sores with drooling
- Unidentified rash that cannot be covered or is distracting to my student
- Drainage from the eye
- Specific illnesses that require a defined period of absence from church activities
Ex. Strep Throat, Covid-19, etc...