

*Must be filled in. EMERGENCY MEDICAL RELEASE FORM 2021

*Name: _____
Last First Middle

*Address: _____

*Birth date: _____ *Male: ____ *Female: ____

*Parents: _____

*Address: _____

*HomePhone: _____ WorkPhone: _____ *Cellular: _____

HEALTH INFORMATION

*General - Is Youth subject to: (If "yes" - explain)

- _____ Yes _____ No Fainting
- _____ Yes _____ No Sleep Walking
- _____ Yes _____ No Upset Stomach
- _____ Yes _____ No Other

*Reactions / Allergies - Is Youth subject to: (If "yes" -explain and list medication)

- _____ Yes _____ No Penicillin
- _____ Yes _____ No Other drugs
- _____ Yes _____ No Bee sting
- _____ Yes _____ No Poison Ivy, etc.
- _____ Yes _____ No Other allergies
- _____ Yes _____ No _____
- _____ Yes _____ No _____

*Medications / Conditions -Is Youth subject to: (If "yes" - explain and list medication)

- _____ Yes _____ No Asthma
- _____ Yes _____ No Bronchitis
- _____ Yes _____ No Diabetes
- _____ Yes _____ No Heart condition
- _____ Yes _____ No Sight / Hearing
- _____ Yes _____ No Wears Contacts
- _____ Yes _____ No Serious Illness or injury in last ten years

Date of Last Tetanus Shot: _____

Please indicate ANYTHING else that adult leaders should know to help deal with any medical situation that may arise: _____

***EMERGENCY INFORMATION (please include photocopy of insurance card)**

*Health Insurance Co. _____ Policy # _____

*Family Doctor _____ Phone _____

*Other #'s _____

*Other Contact Person _____ Relationship _____

*Home Phone: _____ Work Phone: _____

*Cellular: _____

THIS SECTION IS OPTIONAL

I give permission for medical information to be shared with Camp Staff (Initial) _____

I give permission for covid information to be shared with Camp Staff (Initial) _____

Covid Shot: Circle one. Yes No If yes circle one. Pfizer Moderna Johnson & Johnson

Date of shot. 1. _____

Please bring proof of vaccination. 2. _____

*AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

I, the undersigned parent and/or legal guardian of _____, a minor under age 18, do hereby authorize the camp nurse, Robert Milkert or an authorized adult member of Lutheran Youth Ministries to consent to:

1. Medical, surgical, and dental care for such minor child;
2. Consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child;
3. and on my behalf to:
 - a. employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child,
 - b. admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery or care,
 - c. sign all necessary consents and authorizations
4. any non-emergency first aid, including the administration of:

_____ Yes	_____ No	Acetaminophen (Tylenol or similar pain reliever)
_____ Yes	_____ No	Pepto Bismol / Imodium AD
_____ Yes	_____ No	Antacid (Tums, Maalox)
_____ Yes	_____ No	Decongestant (Sudafed)
_____ Yes	_____ No	Benadryl

I am required by Doctor _____ the prescribing physician, to take the following medication during camp:

*1) Medication: _____ Possible reactions: _____

*2) Medication: _____ Possible reactions: _____

* I am required by Doctor _____ the prescribing physician, to take the following medication during camp:

*3) Medication: _____ Possible reactions: _____

4*) Medication: _____ Possible reactions: _____

Medications are to be in the original container with directions for dosage clearly legible on label.

It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical or dental care being required, and is given to provide authority to obtain such care if it should be required.

This document shall be in effect for the dates of July 11, 2021, through July 16, 2021.

IN WITNESS WHEREOF, I have executed this Authorization to consent to Medical and Dental

Care this _____ day of _____, 2021

State of _____

Parent / Legal guardian

_____ County

Parent / Legal guardian

On this ___ day of _____, 2021, before me, a Notary Public, personally appeared and known to be the person who executed the above Consent and stated that it was executed as their free act and deed.