

Health History Form

2011 Summer Camp

Caroline Furnace Lutheran Camp & Retreat Center

2239 Camp Roosevelt Road, Fort Valley, VA 22652 ~ 540-933-6266 (ph) ~ 540-933-6971 (fax) ~ info@CarolineFurnace.org

***Please MAIL this form no later than THREE (3) WEEKS prior to their camp date, properly signed in all places.**

Name: _____ Date of Birth: _____

Home phone: _____ Camp Dates : _____

Address: _____

Parent / Guardian (primary contact) Name: _____ Work phone: _____ Cell phone: _____ Email: _____
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Parent/Guardian Name: _____ Work phone: _____ Cell phone: _____ Email: _____
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Emergency contact (if parents can't be reached): _____ phone: _____
relationship to camper: _____

Insurance Information:

Company Name _____

Policy # _____ Company Phone: _____

Holder's Name _____ Holder's S.S. # _____

Holder's Address: _____

Activity Restriction(s), if any: _____

Past Medical History: Chronic Illness, Operations, or Serious Injuries:

Dietary Restrictions: _____

Swimming Ability: ___ Non Swimmer ___ Avoids deep water ___ Comfortable in deep water

Behavioral History: ___ Homesick ___ Constipation ___ Bedwetting

For Females: Has this person menstruated? Y / N If not, has she been told about it? Y / N If so, is her menstrual history normal? Y / N

Additional Comments or concerns: _____

This health history is correct as far as I know, and my child has permission to engage in all camp activities, except as noted. In the event that I cannot be reached in an emergency, I give permission to medical personnel and/or the physician selected by the camp directors to hospitalize, secure proper medical treatment for and to order injections, anesthesia, x-rays, routine tests, or surgery' to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child as named above. This form may be photocopied for trips out of camp

Signature of Parent/Guardian _____ **Date:** _____



Info for your Counselor

Please Mail this with the Health History Form

In order to help us provide a quality experience for your camper, we invite you to share some information below. This information will be shared with their counselor.

Name Camper prefers _____ Camp attending _____

Camper Age _____ Grade in the Fall _____

Camper's email (for end of the week address list) _____

Names and ages of any brothers or sisters:

Ever been to camp before? Yes / No Is this the first time away from home? Yes / No
1st time at CFLC? () Yes () No If No, how many previous summers? _____

Swimming Ability ___ Non swimmer ___ Avoids deep water ___ Comfortable in deep water

Behavioral History ___ homesick ___ constipation ___ bedwetting

Dietary Restrictions (i.e. vegetarian, lactose intolerant, etc) _____

Things I like to do:

singing dancing sports scouts musical instrument watching tv read video games hang
out with friends internet talk on phone shopping drawing horseback riding biking
swimming church activities skiing family activities hiking camping playing board games
crafts

Others _____

Please mark the number that best describes you (your camper)

Outgoing 5 4 3 2 1 shy

Jump in the water 5 4 3 2 1 ease in slowly

Go with the flow 5 4 3 2 1 show me the schedule

Follow the leader 5 4 3 2 1 I am the leader

Can't wait for camp to start 5 4 3 2 1 nervous about coming to camp

PARENTS Please describe any additional information that you think might be helpful for us to know (ie night time rituals, soothing techniques, fear of dark, bedwetting, etc.)

A **Positive attitude** will help ensure a good experience for your camper, especially if it is their first time at camp. Talk over the new experiences they will have being in the out-of-doors with other boys and girls in a Christian camp setting. Tell them about the staff that will help them have a safe, exciting experience.

Please note: the program works best if you allow us uninterrupted time with your camper, visitors are not allowed on camp during camp sessions and campers are not able to make or receive phone calls or to return e-mails.

To keep in touch you may bring letters or notes with you to registration to be delivered throughout the week, send e-mail (to 4campers@carolinefurnace.org) that will be printed and delivered each day, or send a fax (540-933-6971). **Be sure to include your camper's name on their fax or e-mail.**