



# Health Information Form

### Camper Information:

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Age: \_\_\_\_\_

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Home Address:

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ for emergency contact

Cell #: \_\_\_\_\_ for emergency contact

### Insurance Information:

Is guest covered by family medical/hospital insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance carrier or plan name: \_\_\_\_\_

Group name: \_\_\_\_\_

Policy Holder's name: \_\_\_\_\_

Camper's insurance is primary. All medical costs will be filed with above stated insurance provider and/or are the responsibility of the guest or parent/guardian of camper under 18. Carmel Baptist/Look Up Lodge does not provide primary insurance. No assumption of such coverage should be made. \_\_\_\_\_ Initial here

**Please attach a copy of the front and back of your family's insurance card to this document**

### Important Medical & Allergy information:

Does the patient have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of last Tetanus shot: \_\_\_\_\_ (must be an actual date)

Medication allergies: Reaction/Management: \_\_\_\_\_

Food allergies: Reaction/Management: \_\_\_\_\_

Insect stings: Reaction/Management: \_\_\_\_\_

Dander/Hay Fever/Asthma Reaction/Management: \_\_\_\_\_

### Medications:

Please list ALL medications (including over-the-counter or non-prescription drugs) taken **routinely**. Bring enough medication to last during the entire stay at Look Up Lodge. Keep medication in original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Med #3: \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Med #4: \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_