



LAKE LOUISE

A sanctuary empowering personal growth, faith, and knowledge within community.

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Dear Parents and Guardians:

Your child's health and safety at camp are of great importance to the Health & Wellness staff. This letter is to inform you of procedures in the Health Center so you may prepare your child before camp for any health needs he/she may have

*\*Health forms are required for each session your child attends. Health forms are not held over from previous sessions due to the need to archive all forms at the end of each session as required by law.*

Please insure that **all** information on the health form is current, accurate, and complete. This will enable us to provide proper treatment for your child in case of an emergency. This includes specific information on how to reach YOU at a moment's notice, if necessary. Please attach a copy of the child's insurance card to the health form. Please also note that for Diabetes, Asthma, and Anaphylaxis there are additional addendum forms that must be filled out. You may download these at [www.lakelouisecommunity.org](http://www.lakelouisecommunity.org).

All medication must be given to the Health Officer at check in. This includes over-the-counter medication as well as vitamins or alternative/homeopathic medications. Pack their medication in a zip lock bag, in the original container, separate from the camper's luggage. Please label with the camper's name. Campers are **not** allowed to have any medication in their possession or in their cabins with the exception of: rescue asthma inhalers, EPI-Pens and diabetic supplies. We recommend that your child's ADD medication **not** be interrupted during their camp stay.

*\*If the camper carries any of the above supplies with them, it is helpful for him/her to have a fanny pack with them at camp. Also, the Health Center Staff must still be notified what the camper has with them.*

*\*If the dose of medication the camper is receiving is different than the pharmacy or container label states, a new prescription stating the current dosage, signed by the camper's physician must be included. This applies to over-the-counter medications as well if the dosage is different than what's stated on the label.*

The Health Center does carry a limited number of over-the-counter medications (for the complete list refer to your health form) to treat minor conditions such as headache, nausea, constipation, and allergic reactions. These products will be given per manufacturer's instructions. If you do **not** want your camper to receive these, please cross them off as indicated on your child's health form.

The Health Center is open for regular scheduled medications 30 mins. before meals and 30 mins. before bedtime. Campers are welcome to come with a buddy before meals for their medications or wait to be called outside the dining hall by a staff member 15 mins. before each meal.

Non-emergency medical issues are taken care of immediately after meals. The Health Officer is available 24 hours a day for emergencies. The Health Center is not equipped to

handle overnight stays so parents will be called to pick up their child if he/she requires overnight care due to illness. Campers may return to camp when they have recovered from their illness, have been fever free for 24 hours or with a Doctor's permission to return to camp and are evaluated by a Health Officer upon arrival to Lake Louise.

If your child has a history of bed wetting, you may want to consider using "pull-ups" at night while at camp. The campers are extremely active during the day and tend to sleep very deeply at camp. Some who have not had an accident in the past year may have a problem while at camp. Pull-ups can be distributed to your camper in a confidential manner at bedtime. We want to limit any embarrassment to your child and protect their privacy.

All campers **need** to bring a water bottle to camp. We encourage campers to fill these at every meal to prevent the effects of dehydration. Please send one (labeled with camper's name).

Sunscreen and non-aerosol insect repellent are important. Campers may keep these with them. An SPF of 30 or above is recommended. Campers are encouraged to apply sunscreen and insect repellent whenever they leave their cabins.

Please be sure your camper has "broken in" the shoes, boots, and/or sandals they bring to camp. They will be doing lots of running and walking at camp, and painful blisters will not be a positive memory. Please also include plenty of socks as a camper sometimes will go through several pair in a day.

The check-in process at camp requires a health screening. We look forward to serving your child, however, we reserve the right to refuse admission to any camper with a communicable disease. Please be advised that we expect campers with chronic health problems to be capable of self-management while at camp.

If you have any questions or concerns regarding the Health Center and your child's specific needs, please give me a call at 231-549-2728 between 9:00am and 4:30pm. There is also more detailed Health Center information on our website. We look forward to meeting you and your camper this summer.

Sincerely,

Jim Willford  
Executive Director  
Lake Louise Christian Community  
execdirector@lakelouisecommunity.org

# Lake Louise Summer Camp

## Youth Health Form

**Lake Louise Camp**  
**11037 Thumb Lake Road**  
**Boyne Falls, MI 49713**  
**231-549-2728**

Attending Lake Louise Camp Session: \_\_\_\_\_  
Camp Name

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age at camp \_\_\_\_\_  
Month/Day/Year

School: \_\_\_\_\_ Church: \_\_\_\_\_

**To Parent(s)/Guardian(s): Please complete all pages of this form and make a copy!  
 Send the original, signed FORMS to camp at least 1 month prior to your scheduled camp.  
 Please keep the copy for your records and bring along to Camp on arrival day.**

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
to Camper: Email:

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip

Second Parent/Guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
to Camper: Email:

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
to Camper: Email:

**Allergies:**  No known allergies.  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
*(Please describe below what the camper is allergic to and the reaction seen.)  
 (If it is a Peanut allergy – is it airborne / tactile or by mouth?)*

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  
 This Camper has special food needs. *(Please describe below.)*

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.  
*(Please describe below.)*

**Parent/Guardian Authorization for Camp Participation:**

In consideration for being allowed to participate in the Lake Louise Summer Camp programs, I agree to assume the risk of such activities and programs, and I further agree to hold harmless Lake Louise Christian Community, its officers, employees and representatives from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities including out of camp trips by van, bus or hiking. I acknowledge that this General Release of Liability and Authorization for Treatment of Lake Louise Christian Community is binding on me personally and on my heirs, personal representatives, successors and assigns. This agreement will be enforced in accordance with the law of the State of Michigan.

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the camp staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

# Lake Louise Summer Camp

## Youth Health Form

Camper Name: \_\_\_\_\_  
First Middle Last

Birthdate: \_\_\_\_\_ (Month/Day/Year)

**Immunization History:** Provide the month and year for each immunization. Starred (★) immunizations must be current.

Immunization	Most Recent Dose Month/Year
★ Diphtheria, tetanus, pertussis (DTaP) or (TdaP)	
★ Tetanus booster (dT) or (TdaP)	
★ Mumps, measles, rubella (MMR)	
★ Polio (IPV)	
Haemophulus influenza type B (HIB)	
Pneumococcal (PCV)	
Hepatitis B	
Hepatitis A	
Varicella <input type="checkbox"/> Had Chicken Pox (chicken pox) Date: _____	
Meningococcal meningitis (MCV4)	

Please ~  
 Attach a copy of your  
 child's most recent  
 Immunization record.

Tuberculosis (TB) test Date: \_\_\_\_\_  Negative  Positive

**If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child and the other campers from not being fully immunized.**

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

- Medication:**
- This camper will not take any daily medications while attending camp.
  - This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Bring enough of each medication to last their entire stay. ALL medications must arrive in the original and appropriately labeled pharmacy containers as described in the "Health Services Parent Information". ALL medications will be turned in to the Camp Health Office upon arrival.**

Name of medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications are representative of what may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

**Cross out those the camper should not be given.**

Acetaminophen (Tylenol)  
 Pseudoephedrine (Sudafed)  
 Technu Extreme (Poison Ivy skin wash)  
 Docusate Sodium (Stool softener)  
 Hydrocortisone Cream  
 Chloraseptic Spray (Sore throat spray)  
 Cough Drops  
 Calagel

Ibuprofen (Advil, Motrin)  
 Guaifenesin DM (Cough Medicine)  
 Diphenhydramine (Benadryl)  
 Loperamide HCL (Anti-Diarrhea)  
 Tums  
 Cola Syrup  
 Aloe Vera Gel

# Lake Louise Summer Camp

## Youth Health Form

Camper Name: \_\_\_\_\_  
First Middle Last  
 Birthdate: \_\_\_\_\_ (Month/Day/Year)

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |  |   |
|--|---|
| 1. Ever been hospitalized?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         | 11. Had fainting or dizziness?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                          |
| 2. Ever had surgery?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                               | 12. Passed out/had chest pain during exercise?..... <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| 3. Have recurrent/chronic illnesses?..... <input type="checkbox"/> Yes <input type="checkbox"/> No               | 13. Had mononucleosis (mono) during the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 15. Have problems falling asleep/sleepwalking?..... <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No        | 16. Ever had back or joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 7. Have diabetes?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 8. Had seizures?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 9. Had headaches?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 10. Wear glasses, contacts, or protective eyewear?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |

★The camper will carry an inhaler while at camp..... Yes  No

★The camper will carry an Epi-Pen while at camp..... Yes  No

**Please explain "Yes" answers in the space below,** noting the number of the questions and if the camper is currently under treatment for that specific item. For travel outside the country, please name countries visited and dates of travel.

**PLEASE NOTE:** The Health Center at Lake Louise Camp is not equipped to support all Chronic Illnesses. We expect any camper with a chronic illness to be *Self-Managed*. If you have any questions or concerns relating to your child, please contact our office.

**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?.....  Yes  No
- Ever been diagnosed with Autism Spectrum Disorder?.....  Yes  No
- Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  Yes  No
- During the past 12 months, seen a professional to address mental/emotional health concerns?.....  Yes  No
- Had a significant life event that continues to affect the camper's life?.....  Yes  No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain "Yes" answers in the space below,** noting the number of the questions. The camp may contact you for additional information.

**Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of dentist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**What Have We Forgotten to Ask? Please provide in the space below** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

# Lake Louise Summer Camp

## Youth Health Form

Camper Name: \_\_\_\_\_  
First Middle Last  
 Birthdate: \_\_\_\_\_ (Month/Day/Year)

**Medical Insurance Information:**

This camper is covered by family medical/hospital insurance:  Yes  No

***Include a copy of your insurance card; copy both sides of the card so information is readable.***

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

## Lake Louise Summer Camp ★ Health Center Use Only ★

Date	Time	CHO	Notes

**FOR CAMP PERSONNEL**  
 Arrival Day Check-In

- 1. Emergency authorization on page one of this form signed? **YES**      **NO**
  - 2. Has any information on the Health Form changed since the date of originally submitting the form to Lake Louise? **YES**      **NO**
  - 3. Been exposed to any contagious disease in the last two weeks? **YES**      **NO**  
 (Camper or Family Member)
- If yes, explain: \_\_\_\_\_
- 4. Brought over the counter or prescription medications? **YES**      **NO**  
 Additional medication form needed to list additional meds? **YES**      **NO**  
 (The Health Officer will need to record all medication brought to camp.)
  - 5. Medical/social/physical condition of which camp staff should be informed? **YES**      **NO**
- If yes, explain: \_\_\_\_\_
- 6. Does your child have any bumps, bruises or burns we need to be aware of? **YES**      **NO**
- If yes, explain: \_\_\_\_\_

**Staff Member's Initial** \_\_\_\_\_  
**Information Received from:** Mother    Father    Grandparent    Camper    Other \_\_\_\_\_  
 Date, if different than registration date \_\_\_\_\_