

LUTHERAN ISLAND CAMP & RETREAT CENTER – CAMP INDIANHEAD

HEALTH AND RELEASE FORM

*Must be completed by parents or guardians of participants under 18 years old.
This form is due at check-in, however if your child has a medical condition we should be aware of,
please notify Camp 10 days before the start date of your camp.
Please type or print legibly in black or blue ink.*

Camper Name: _____ Date of Birth: ____/____/____ Age: ____
First Middle Initial Last Month/Day/Year

Home Address: _____ Home Phone: _____

City: _____ State: _____ ZIP: _____

PARTICIPATION IN ACTIVITIES

I, the undersigned, hereby consent to participation of myself (or my minor child) in the programs, activities and events of Lutheran Island Camp, Inc., both on the camp premises and at off-site locations, including transportation to and from such off-site locations.

I hereby release and forever discharge Lutheran Island Camp, Inc., the Minnesota North District of The Lutheran Church—Missouri Synod, The Lutheran Church—Missouri Synod, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during participation in programs, activities or events sponsored by Lutheran Island Camp, Inc.

PUBLICITY RELEASE

I hereby give permission and consent to allow photographs, video images, and interviews of me (or my minor child) to be taken during participation in Lutheran Island Camp programs, activities and events. I further give permission and consent for any and all such photographs, video images, and interviews to be published by and used to illustrate and promote Lutheran Island Camp, the Minnesota North District of The Lutheran Church—Missouri Synod, and the National Lutheran Outdoors Ministry Association. **Please check one:** **YES** **NO**

EMERGENCY CONTACT INFORMATION

Name of Custodial Parent or Guardian: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

City: _____ State: _____ ZIP: _____ Cell Phone: _____

Emergency Contact: _____ Primary Phone: _____
(Different from above)

Relationship to Camper: _____ Secondary Phone: _____

INSURANCE INFORMATION

Medical Insurance Company: _____ ID Number: _____

Name of Insured: _____ Relationship to Camper: _____

Dental Insurance Company: _____ ID Number: _____

Name of Insured: _____ Relationship to Camper: _____

Name of Doctor: _____ Phone Number: _____

Name of Dentist: _____ Phone Number: _____

CONSENT TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I (or the above named minor) may be given the following non-prescription medications to treat the common conditions for which they are indicated:

(Please indicate permission for each with your initials on the line)

___ Acetaminophen ___ Ibuprofen ___ Aspirin ___ Benadryl ___ Cough syrup ___ Sudafed ___ Pepto-Bismol

Date of Last Booster: DPT: _____ Tetanus: _____

CURRENT MEDICATIONS

Bring enough for the entire camp period in original packaging with complete instructions.

Medication	Dosage	Medication	Dosage
—			
—			
—			

KNOWN ALLERGIES AND/OR DIETARY RESTRICTIONS

Please explain any restrictions (Attach additional sheet if necessary):

BEHAVIOR & PHYSICAL/MENTAL HEALTH

Information about participant's behavior, physical and/or mental health about which our staff should be aware: (Attach additional sheet if necessary)

CONSENT TO AUTHORIZE TREATMENT

(I) (We), the undersigned parent(s) and/or natural guardian(s) of the above named camper, a minor, do hereby authorize a staff member of Lutheran Island Camp (and/or any other adult appointed or designated) to: (i) consent to medical, surgical and dental care for such minor child; (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child; and (iii) on (my) (our) 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 and (c) sign all necessary consents and authorizations.

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

I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This authorization shall continue for such time as my above mentioned minor child is participating in any programs, activities or events conducted and/or sponsored by Lutheran Island Camp, both on the camp premises and during travel to and from any off-site locations for such programs, activities or events, up to and inclusive of Dec. 31, 2018.

I (We), the undersigned, hereby acknowledge that I (we) have read and understand the foregoing Authorization and Release Form, and have signed the same as my own free act and deed.

Parent/Guardian

Date

Parent/Guardian

Date

Horseback riding addendum: I give my child permission to ride horses while at Lutheran Island Camp. _____
Initial please