

CAMPER'S NAME \_\_\_\_\_

**HEALTH AND RELEASE FORM**

*Must be completed by parents or guardians of participants under 18 years old*

*Please type or print legibly in black or blue ink.*

**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*

*Signature* \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of Custodial Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Second Emergency Contact(Different from above): \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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 Boosters: Tetanus: \_\_\_\_\_ DPT: \_\_\_\_\_

**CURRENT MEDICATIONS**

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

*Send dosage instructions with medication in resealable bag.*

**KNOWN ALLERGIES AND/OR DIETARY RESTRICTIONS**

*Please explain any restrictions.. If these allergies are dietary in nature and unusual or pressing, please email [licprogram@islandcamp.org](mailto:licprogram@islandcamp.org) so we can work out a plan to make sure your camper has a great dining experience while at camp.*

**BEHAVIOR & PHYSICAL /MENTAL HEALTH**

*Please write out information about participant's behavior, physical and/or mental health about which our staff should be aware:*

**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 from date of signature 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.

(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.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_