

Retreat Health History/ Parental Permission Form
*** Lutherans Outdoors in SD * NeSoDak * Outlaw Ranch ***

Please bring this form with you to CAMP!!!

To be filled out by parents or guardians of minors

Retreater's name: _____ Birthdate: _____ Sex: _____ Age: _____

Parent or Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Second parent/guardian or emergency contact: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____



HEALTH HISTORY

Recommendations & Restrictions while at Camp:

Any activity restrictions or treatments to be continued at camp: _____

Any medication the participants will be bringing to the camp: _____

>>> Retreater's are responsible for taking their own medications.<<<

The Advisors coming to camp can hold the medications, for minors if you would prefer.

Any over the counter medications NOT to be taken by the retreater while at camp: _____

Dietary Restrictions: _____

Allergies: _____

Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in **ANY OTHER** circumstances, please list here: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment and necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.

Signature of parent or guardian: _____ Date: _____