



Individual Health Form: Every Participant Must Fill One out and Turn It in at Check-In

MS Fall Retreat HS Fall Retreat Lock-Out CIT Reunion Elementary Retreat

Name: _____ Gender: _____ Grade: _____

Address: _____

City, State Zip: _____

Church and City: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

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.

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 Lutherwood and feel the camper can participate without restrictions.

I have reviewed the program and activities of Lutherwood and feel the camper can participate with the following restrictions or adaptations. **Please describe below.**

Insurance:

_____/_____
Insurance Carrier / Subscriber Insurance Phone Number Policy Number

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 and home remedies. Please bring your camper’s medications in a Ziploc baggie with their name written on it in Sharpie. Be sure your camper has enough medication to last the entire time the camper will be at Lutherwood.

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"/> As Needed <input type="checkbox"/> Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other: _____		

Parent/Guardian Authorization and Liability Release: As the parent or guardian of the above-named minor child who is requesting to voluntarily participate in an event sponsored by Lutherwood Camp and Retreat Center, I hereby acknowledge that I have read, understand, and agree to the following:

1. I acknowledge that participation in this event may entail unanticipated risks, and while I expect the camp staff to exercise reasonable caution in carrying on this camp, I hereby release Lutherwood Camp and Retreat Center from any liability or damage incurred. Activities may include, but are not limited to: boating, tubing, swimming, canoeing, kayaking, hiking, tent camping, sports, field games, high challenge course, climbing wall, zip line, low challenge course, arts and crafts, and other camp activities.
2. I certify that my child has no medical or physical conditions that could interfere with his/her safety in this activity.
3. I authorize qualified emergency medical professionals to examine, and in the event of injury or serious illness, administer emergency care to the above-named child. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.
4. In the event it becomes necessary for the camp staff-in-charge to obtain emergency care of my child, Lutherwood Camp and Retreat Center shall not assume financial liability for expenses incurred because of the accident, injury, illness, and/or unforeseen circumstances. I accept such responsibility.
5. Permission is hereby granted to use photos of, quotes from, and likenesses of my minor child in print or electronic media such as, but not limited to, brochures, radio ads, web pages, video recordings, and others as deemed useful by the camp for marketing purposes by and for Lutherwood Camp and Retreat Center. Any claim or right is hereby waived to any royalty or fees that might be applicable for the use of such images, quotes, or likeness.

Printed Parent Name

Parent Signature

Date