



# RETREAT HEALTH, EMERGENCY, AND AUTHORIZATION INFORMATION FORM (For two nights or less)

**THIS BOX MUST BE COMPLETED FOR ATTENDANCE**

Name and contact information of Organization sponsoring the retreat:

**Organization Sponsoring Retreat** \_\_\_\_\_

Address/City/ST/Zip \_\_\_\_\_

Phone/Email \_\_\_\_\_

I understand and certify that my child's participation in the retreat held at Luther Point Bible Camp (LPBC) and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in the retreat events and programs and I acknowledge that although LPBC and the organization sponsoring the retreat have taken safety measures to minimize the risk of injury, LPBC and the organization sponsoring the retreat cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by LPBC and the organization sponsoring the retreat's rules, regulations and procedures for the safety of participants. I waive any claim against LPBC and the organization sponsoring the retreat and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The organization sponsoring the retreat assumes secondary insurance coverage. I assume primary coverage.

**This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.**

**AUTHORIZATION FOR TREATMENT:** In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the retreat. In the event I cannot be reached, I hereby give permission to the medical personnel selected by the sponsoring organization to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the sponsoring organization to secure and administer treatment, including hospitalization, for my child as named on this form.

**AUTHORIZATION FOR TRANSPORTATION:** I hereby give permission for my child to be transported for off-site outings.

**AUTHORIZATION FOR USING LIKENESS:** I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of LPBC and/or the ELCA.

\_\_\_\_\_  
Signature of Camper's Parent/Guardian

\_\_\_\_\_  
Date

The information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Camper's Name \_\_\_\_\_  
Last
First
MI

Preferred Name \_\_\_\_\_  Female  Male

Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Parent/Guardian—In an emergency, notify:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Location while camper is at Luther Point \_\_\_\_\_

Who will be picking your child up? \_\_\_\_\_

**HEALTH HISTORY**

Does the camper have any physical condition requiring special care? Please explain.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the camper have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain any activity restrictions:

\_\_\_\_\_  
 \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

If so, indicate: Carrier \_\_\_\_\_

Policy or Group # \_\_\_\_\_

**Reverse side of form must also be completed.**