

# Camp Shetek

# Health Form

Name of Camper:		Parent or Gardian:	
Address:		City:	State:
Work Phone: ( ) --	Cell Phone: ( ) --	Home Phone: ( ) --	
Email Address:	Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth: ___/___/____	

**Any conditions that they are being treated for or that the camp needs to be aware of? (e.g., Sleep Walking, ADHD, ADD, Drug Reactions, Epilepsy, Fainting, Allergies, Asthma, Anxiety, etc.)**

**Any special dietary needs?**

**Any current conditions (injury, surgery, illness) that may require special attention?**

**Has the camper received professional treatment to address mental or emotional health?**

### Insurance information:

Is camper covered by family health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health insurance providor:	Policy or ID number:
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### PERMISSION and MEDICAL RELEASE

“I hereby give my permission for my son / daughter (circle one), \_\_\_\_\_ to attend Minnesota Valley Lutheran Bible Camp (Camp Shetek). IN THE EVENT OF AN EMERGENCY, I authorize first-aid treatment by the camp staff.

In the event that I cannot be contacted, I authorize a licensed physician, chosen by the Camp Director, to provide the necessary treatment, which may include injections, hospitalization, anesthesia and/or surgery. I am fully aware that any medical expenses will be covered by my own family Health Insurance. “I will not hold the Camp Staff or the Camp Director liable for any of these expenses.”

Parent / Guardian Signature:	Date:
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# Camp Shetek

# Medication Release

Name of Camper:	Date of Birth: __/__/____
Parent or Gardian:	Phone Number: ( ) --
Emergency contact:	Phone Number: ( ) --
Relationship of Emergency contact:	

**Please ask your physician to complete this section:**

Medication name:	Time of administration:	
Dosage and administration route:		
Purpose of medication:		
Special Precautions:		
Physicians Signature:	Date:	Phone Number: ( ) --

**To be completed by parent:**

**I request that the above medication be given at camp as prescribed by our physician.**

Parent / Guardian Signature:	Date:
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The signature of both parent and physician are required for medication to be given at camp. Medication needs to be supplied in the original prescription bottle. The label must include the name and phone of the pharmacy, camper's name, name of prescribing physician, directions for use, medication identification number, and the date of original issue or renewal.

Please clearly mark all non-prescription medication with the name of the camper and any special instructions as to its usage.