



Northeastern Minnesota Synod
Evangelical Lutheran Church in America

1105 East Superior Street, Upper Suite • Duluth, Minnesota 55802-2216
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NE MN Synod Health and Release Form
for the
NE MN Synod Cardia Deo (Senior High) Retreat
at Big Sandy Camp
March 2-4, 2012

I give permission for my child (youth participants)/**I agree** (adult participants) to travel to and to fully participate in all activities relating to the Cardia Deo (Senior High) Retreat March 2-4, 2012 at Big Sandy Camp.

I also understand that my/my child's picture may be taken during this event and used on the synod's web site or newsletter. No name will be associated with a published picture except with expressed consent.

In case of emergency, I understand that every effort will be made to contact parent(s), guardian(s), or other relatives listed below. If these contacts cannot be reached, I hereby give the staff and appointed volunteers of the Northeastern Minnesota Synod permission to act on my behalf in seeking emergency treatment for my child/me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that the Northeastern Minnesota Synod is not responsible for related injuries that may occur during this event.

Name of Participant _____ Grade _____ Birthdate _____ M or F (circle one)

Parent/Guardian/Spouse Name _____

Address _____ City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____ (Cell) _____

Insurance Company _____ Insurance Co. Phone _____

Insurance Company Address _____

Group Number _____ ID Number _____ Policy Holder's Employer _____

Physicians Name _____ Phone _____

If parent/guardian/spouse is not available, please call relative below:

Name _____ Address _____

Relation _____ Phone (H) _____ (W) _____ (C) _____

List any activity restrictions, medical dietary restrictions, health problems and/or medication (Rx or OTC) relating to participant. Please give a description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. Use an additional sheet.

Health History - check those that apply: <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Skin Trouble <input type="checkbox"/> Asthma <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Convulsions Allergic to: <input type="checkbox"/> Diabetes <input type="checkbox"/> Penicillin <input type="checkbox"/> Ear Trouble <input type="checkbox"/> Insect Stings <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Other (list)	
Immunization Record - check if immunized against: <input type="checkbox"/> Polio <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Small Pox <input type="checkbox"/> Measles <input type="checkbox"/> Diptheria <input type="checkbox"/> Rubella	
Date of last Tetanus Booster _____	

<p>IMPORTANT</p> <p>If the health history identifies health problems or activity limitations, a physical examination must be performed by a licensed physician within one year before admission to camp, including instructions relative to the limitation of the participant's participation in camp activities or medication requirements.</p> <p>I understand that every effort will be made to protect and safeguard all guests. I agree not to hold Big Sandy Camp liable for any illness or mishap from any cause whatsoever.</p> <p>I also give Camp full authority in dealing with camper discipline. I understand that any participant disregarding Camp rules is subject to being sent home with no refund of camp fees. I understand that any participant who willfully destroys property will be held responsible and be charged accordingly.</p> <p>Big Sandy Camp may use photos, video, or comments, of the participant named above in its promotional materials.</p> <p>I give permission to Big Sandy Camp to dispense medication (Rx or OTC medication) to participant to manage illness and injury as directed by the Big Sandy Camp medical protocol.</p> <p>In case of emergency, if I cannot be contacted, or the emergency number cannot be contacted, I hereby give permission to the physician selected by the camp director to hospitalize, secure treatment for and to order injection, anesthesia or surgery for participant, as named above.</p>
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Congregation _____ City _____ Adult Leader _____

All above information is correct as listed above.

Participant Signature _____

Signature of Parent/Guardian _____
(For Youth Participants)

T-Shirt Size (circle one): S M L XL XXL
