

# LUTHER PARK RETREAT REGISTRATION & HEALTH FORM

## 7<sup>th</sup>/8<sup>th</sup> Grade --- FALL 2017

1. Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

**Please indicate which retreat you are attending:**

\_\_\_\_\_ 7<sup>th</sup> Grade Retreat: October 13-15, 2017  
\_\_\_\_\_ 8<sup>th</sup> Grade Retreat: October 27-29, 2017

Name of one requested cabin mate \_\_\_\_\_

Custodial Parent(s)/ Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**INSURANCE INFORMATION:**

Policy Holder \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Ins. Co. Phone \_\_\_\_\_

Ins. Co. Address \_\_\_\_\_

Birth date of Policy Holder \_\_\_\_\_ Group No. \_\_\_\_\_ Policy/ID No. \_\_\_\_\_

Family Doctor and Phone No. \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**HEALTH HISTORY & PARENT/GUARDIAN AUTHORIZATION**

**THIS SECTION MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN.**

My child has permission to engage in all camp activities, except as noted by myself and the examining physician. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named above. I voluntarily waive any claim against the sponsoring institution, local churches and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of the above organization. I understand that unless I provide separate written notice, photos taken of my child at camp may be used for camp-approved publications such as the Luther Park Echoes.

Please list **ALL** allergies & medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire weekend. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. For everyone's safety ALL medications brought to camp including prescription, over-the-counter, medicated creams and ointments will be kept in the Health Center.

Allergies or Food Requirements (inc. Vegetarian)

\_\_\_\_\_

Medications \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)