

CAMPER/COUNSELOR MEDICAL RELEASE/CONSENT FORM

This medical release form is to be filled out completely by the parent(s) or guardians and returned with the registration. In the event of a medical emergency, we will seek emergency medical attention for your child. By signing the consent form below, you will allow us to obtain medical help as soon as possible. Doctors are reluctant to provide medical care without your permission or a signed consent form. In the event of an emergency, medical expenses are the responsibility of the parent(s) or guardians. Limited insurance is carried by Camp Lutherhaven to help defray any initial medical expenses. By signing the consent form, the Lutherhaven Board, Camp Director, Camp Staff, and Olympic Lutherhaven are released from any liability.

CAMPERS NAME: _____ **BIRTHDATE:** _____

ALTERNATE CONTACT PERSON IF PARENT/GUARDIAN CAN NOT BE REACHED:

NAME: _____ **PHONE:** _____

CELL: _____ **WORK:** _____

MEDICAL QUESTIONARE

1. Is your child currently in good health? Yes No If "NO", please explain below:

2. Please list any medication your child is taking: _____
(Put all medications into a ziplock bag labeled with your child's name and instructions. All medications must be in the original bottle. All medications will be given to the nurse or Camp Director, who will dispense as required)
3. Does your child have **any** allergies? Yes No If "YES", please list/explain below:

4. Please list any dietary restrictions (i.e. diabetes, vegetarian, lactose intolerant, etc.):

5. Date of your child's last tetanus shot. (child must be current to attend camp): _____
6. Physicians name: _____ Phone number: _____
7. Health Insurance Provider: _____ Policy Number: _____

I/we, the undersigned, as parents/guardians of the above named child, do hereby give our consent to the participation of our son/daughter in the activities of All Church Youth Camp at Olympic Lutherhaven and hereby release and forever discharge Olympic Lutherhaven and its officers from any and all liability for injuries sustained while participating in camp activities. I/we also hereby authorize the medical treatment, administration of anesthesia, and surgical treatment for my/our child in the event of a medical situation occurring during the time at camp or if the hospital or physicians are unable to contact me/us. This authorization extends to any hospital and both physician and nursing personnel where treatment is rendered, including physician's office. I/we release from medical responsibility and liability the hospital, medical authorities, and physicians for performing medical procedures, acting on the authority of this medical treatment consent form that is deemed necessary for my/our child.

Father/Guardian Signature

Mother/Guardian Signature

Date