

**Heartland District Fall Retreat for Middle School Youth
October 15 - 17, 2010
Permission Form**

Camper Name _____ Grade _____

Church/Society _____

Code of Conduct: I understand that any behavior that is illegal or harmful/threatening to me or to others will result in my expulsion from camp. My parent/guardian will be called to transport me home. I understand that boys are not allowed in girls' dorms and girls are not allowed in boys' dorms. I agree to participate in all planned camp activities while at camp and to abide by all curfews. I will give any medication brought to camp to my church's chaperone upon arrival and will be responsible for taking such medication under her/his supervision.

Signature of Camper _____ Date _____

I hereby give my permission for _____ to attend and participate in the Heartland District Fall Retreat for Middle School Youth at the Mystic Lake Camp, October 15 - 17, 2010. I endorse the above code of conduct and have discussed it with my child. I agree to release all Heartland District staff and volunteers and Mystic Lake Camp staff from any responsibility for any real or imagined injury that my child may incur while attending this event.

Signature of Parent/Guardian _____ Date _____

Please indicate the name and address of the adult accompanying youth:

Adult Chaperone Name _____

Address _____

City _____ St _____ Zip _____

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Health Form

Camper Last Name _____ Camper First Name _____

Sex _____ Age _____ Birth date _____

Parent/Guardian Name _____ Phone (____) _____

Home Address _____

City _____ St _____ Zip _____

Physician Name _____ Phone (____) _____

Health Insurance Company _____

Policy #: _____

Name of Policy Holder _____ Relationship to camper _____

In an emergency, if unable to reach parent/guardian, contact:

Name _____ Phone: (____) _____

Relationship to camper _____

What was the date of camper's most recent tetanus shot or booster? _____

Is camper allergic to any of the following? (Check any that apply and explain below)

____ Animals ____ Mold/Dust ____ Food ____ Plants ____ Insect stings

____ Pollen ____ Medicines/Drugs ____ Other _____

Explain: _____

Does camper have any of the following chronic illnesses or conditions? (Check any that apply and explain below)

____ Asthma ____ Heart Disease ____ Convulsions ____ Kidney Disease ____ Diabetes

____ Nosebleeds ____ Epilepsy ____ Sleepwalking ____ Fainting

____ Other _____

Explain: _____

Does camper have any physical limitations? ____ Yes ____ No

If yes, explain. _____

Is camper following a medically prescribed diet? ____ Yes ____ No

If yes, explain. _____

Is camper following a vegetarian diet? ____ Yes ____ No

If yes, add any necessary information. _____

Is camper taking any medication? ____ Yes ____ No

If yes, list medication(s) and directions. _____

Medication Information: Bring medication in original containers with name, content, dose, unit dose (e.g. 50 mg. per tablet), directions for administering, plus prescribing physician's name and phone number. If over-the-counter medication is brought it must be well labeled with clear directions for administering.

I give permission to Mystic Lake Camp staff and U.U. volunteer staff to administer prescription or non-prescription medicine that my child brings to camp and to provide routine non-surgical medical care if deemed advisable by them. In emergency, I give permission to transport my child to nearest hospital for emergency treatment. I understand that I will be contacted as soon as possible and will be advised prior to any further treatment by hospital doctor. I attest that the camper is in good health and that the above information is true and accurate. I will notify the camp upon arrival if camper has been recently exposed to a communicable disease.

Signature of parent/guardian _____ Date _____