

# 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 \_\_\_\_\_

# Heartland District Fall Retreat for Middle School Youth October 15 - 17, 2010 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 \_\_\_\_\_