LPBC DAY CAMP
HEALTH, EMERGENCY, AND AUTHORIZATION INFORMATION FORM
(For one night or less)

THIS BOX MUST BE COMPLETED FOR ATTENDANCE

Church where Day Camp is being held _____

Town/ST _____ Date _____

I understand and certify that my child's participation in Luther Point Bible Camp's (LPBC) Day Camp program held at the church and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Day Camp events and programs and I acknowledge that although LPBC and the church have taken safety measures to minimize the risk of injury, LPBC and the church cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by LPBC and the church's rules, regulations and procedures for the safety of participants. I waive any claim against LPBC and the church and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage.

This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.

AUTHORIZATION FOR TREATMENT: In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the Day Camper. In the event I cannot be reached, I hereby give permission to the medical personnel selected by the church to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my child as named on this form.

AUTHORIZATION FOR TRANSPORTATION: I hereby give permission for my child to be transported for off-site outings.

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of LPBC and/or the ELCA.

_____ _____
Signature of Camper's Parent/Guardian Date

Reverse side of form must also be completed.

01/06

The information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Camper's Name _____
Last First MI

Preferred Name _____ ☐ Female ☐ Male

Telephone _____ Birth Date _____

Home Address _____
Street City State Zip

Parent/Guardian—In an emergency, notify:

Name _____ Telephone _____

Relationship _____

Location while camper is at Day Camp _____

Who will be picking your child up? _____

HEALTH HISTORY

Does the camper have any physical condition requiring special care? Please explain.

_____

_____

_____

Does the camper have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

_____

_____

_____

Explain any activity restrictions:

_____

_____

Do you carry family medical/hospital insurance? _____ Yes _____ No

If so, indicate: Carrier _____

Policy or Group # _____