



## Green Lake Lutheran Ministries

9916 Lake Avenue South, Spicer, Minnesota 56288  
Green Lake 320.796.2181 • Shores of Saint Andrew 320.354.2961  
Camp House 218.848.2277  
Fax: 320.796.6633 Email: [camp@gllm.org](mailto:camp@gllm.org) Website [www.gllm.org](http://www.gllm.org)

Welcome to Shores of Saint Andrew! We are very excited about having you join us for a week at camp this summer. It is going to be a lot of fun and we look forward to seeing you soon.

**Arrival Time:** Registration opens **Sunday between 2:00pm and 4:00pm** at the Registration Building located just below the Chapel in the gravel parking lot. If you must register after 4:00pm, please contact the camp in advance at 320.796.2181 and let us know when to expect you.

**Departure Time:** Camp ends at **12:30pm on Friday**. Parents, family, and friends are welcome to come early and join us for our closing worship service that begins at 11:15am. If you have campers at both Green Lake and Shores, pick up your child at Shores first and then at Green Lake. Closing Times are arranged in this order.

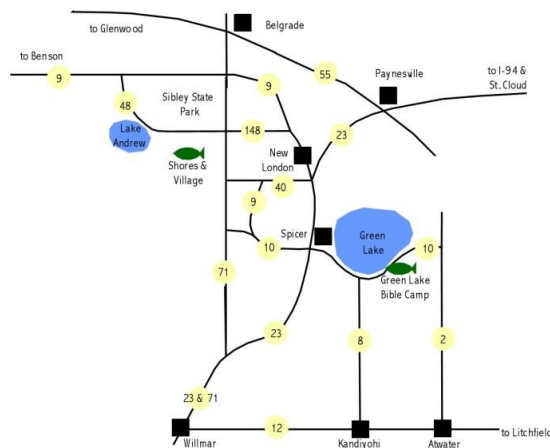
**Mail:** Your camper's address for the week is...

*Camper's Name*  
*Camper's Program*  
Shores of Saint Andrew  
19080 16<sup>th</sup> St NE  
New London, MN 56273

**Phone Calls** are discouraged unless an Emergency.

Phone: 320.354.2961  
Fax: 320.796.6633

**Location:** Shores of Saint Andrew is located on Lake Andrew. Turn onto the Sibley State Park Rd. Left onto 16<sup>th</sup> Street (gravel road).



Map to Green Lake Bible Camp, Spicer and Shores of St. Andrew Bible Camp, New London

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## What to Bring to Camp

### Things to Pack for Camp:

You may want to mark items with your camper's name.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Balance Due               | <input type="checkbox"/> Completed Health Form   | <input type="checkbox"/> Waiver Form (if needed)   |
| <input type="checkbox"/> Shirts, pants, shorts     | <input type="checkbox"/> Jacket or sweatshirt  | <input type="checkbox"/> Pajamas                   |
| <input type="checkbox"/> Socks and underwear       | <input type="checkbox"/> Outdoor shoes and sandals   | <input type="checkbox"/> Non-revealing swimwear    |
| <input type="checkbox"/> Beach towel               | <input type="checkbox"/> Bath towel, hand towel, wash cloth  | <input type="checkbox"/> Toothbrush and toothpaste |
| <input type="checkbox"/> Shampoo and soap          | <input type="checkbox"/> Comb and/or brush   | <input type="checkbox"/> Prescription Medication   |
| <input type="checkbox"/> Sunscreen                 | <input type="checkbox"/> Bug Spray   | <input type="checkbox"/> Kleenex                   |
| <input type="checkbox"/> Flashlight with batteries | <input type="checkbox"/> Bible   | <input type="checkbox"/> Pen/pencil and notebook   |
| <input type="checkbox"/> Canteen Money             | <input type="checkbox"/> <b>Optional:</b> camera, semi-dress clothes for Thursday, shirt for tie-dye |  |

## What to Leave at Home

- |                               |                         |                                |
|-------------------------------|-------------------------|--------------------------------|
| ● Food, Candy, and Snacks     | ● Cell Phones           | ● Fireworks, lighters, matches |
| ● iPods, MP3s, etc.           | ● Game Systems          | ● Laser Pointers               |
| ● Weapons, pocketknives, etc. | ● Controlled Substances | ● Non-Prescription Medications |
| ● Inappropriate clothing      |                         |                                |

## Other Helpful Information

**Check-in, Departure, Locations, Maps, Addresses, and Emergency Information:** Each camp location and program varies in dates and times. Please refer to the Welcome Letter for specifics.

**Canteen:** Snacks range in price from \$1.00 to \$2.00; clothing ranges from \$3.00 to \$50.00.

**Health Forms:** If your camper has medical concerns or allergies to foods and/or the environment, please send the health forms to us in advance. Preparations and meal planning need to be done prior to the arrival of your camper.

**Physicals and Immunizations:** State Law no longer requires physicals unless there are current health conditions or activity limitations noted on the health form. If all immunizations are current, you may indicate that on the health form and sign.

**Roommates:** Your camper may request 2-3 roommates. Requests must be made prior to your camper's arrival at camp. Requests can be made at registration or by emailing or calling Tricia at [tlagergren@gllm.org](mailto:tlagergren@gllm.org) or 320.796.2181.

**Insurance:** Green Lake Lutheran Ministries carries secondary accident insurance on campers. In case of an accident or injury, your insurance will be the primary coverage.

**Visitors:** Camp visitors are welcome Sundays and Fridays. Visits during the week are not advised unless an emergency.



9916 Lake Avenue South  
 Spicer, MN 56288  
 Telephone: 320-796-2181

# Health History Form

Legal Name \_\_\_\_\_, \_\_\_\_\_  
 Last First MI

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex M F Age \_\_\_\_\_

### Legal Guardian and Emergency Contact Information

1<sup>st</sup> Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

2<sup>nd</sup> Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

### Health History:

*(check and give approximate dates)*

- \_\_\_\_\_ Frequent Ear Infection
- \_\_\_\_\_ Heart Defect/ Disease
- \_\_\_\_\_ Convulsions/Seizures
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Bleeding/Clotting Disorder
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Psychiatric Treatment

### Diseases

- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Measles
- \_\_\_\_\_ German Measles
- \_\_\_\_\_ Mumps

### Allergies (dates not needed)

- \_\_\_\_\_ Hay Fever
- \_\_\_\_\_ Poison Ivy, etc.
- \_\_\_\_\_ Insect Stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Sulfa Drugs
- \_\_\_\_\_ Other Drugs
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Has this camper ever required any psychiatric counseling or hospitalization? \_\_\_\_\_

Explain \_\_\_\_\_

Operations or serious injury (dates) \_\_\_\_\_

Disability or Chronic Illness \_\_\_\_\_

Activities encouraged or limited by doctor \_\_\_\_\_

Dietary Modifications \_\_\_\_\_

Current Medications (send instructions) \_\_\_\_\_

Other disease or details from above \_\_\_\_\_

Dentist/Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Does your family carry health insurance Yes No

If so, indicate: Company name \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

Individual who carries coverage \_\_\_\_\_

Suggestions on health related information for camp personal (attach additional information if necessary) \_\_\_\_\_

### For Female Campers

Has person menstruated? Yes No If not, has she been told about it? Yes No

If so, is her menstrual history normal? Yes No Special Considerations \_\_\_\_\_

### Doctor's Report (only required if camper has major health concerns)

I have examined the person described and have reviewed his/her history. It is my opinion that he/she is physically able to engage in camp activities, except as noted in the attached report. **Please attach a list of medications to be administered at camp and include specific dosages.**

Physician's Name (Print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) (DTaP) Tetanus or	1. 2. 3.	1. 2.
Tetanus Diphtheria (Td) or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella (MMR)		
Varicella (Var)		
Hepatitis B	1. 2. 3.	
Other		
Tuberculin test given _____(most recent)		
Haemophilus influenza b (HIB)		

### Consent for Medication Administration

This section includes a list of medication GLLM has in stock and is allowed to administer under medical direction. Please **circle** those medication **that you would allow** the Health Care Staff to administer to your camper, if needed, and then sign the first signature box. If you do not circle one or more of the medications, that medication will not be administered and the staff will contact you by phone before giving that medication. **If you do not want the staff to administer any medications, sign the second signature box.** Please note that all medications will be given according to labeled directions based on your child's health history.

- Ibuprofen (Advil or Motrin)
- Antiseptic Ointment
- Benadryl
- Aloe Vera
- Calamine Lotion
- Pepto-Bismol
- Cough Drops
- Tums
- Sudafed
- Sore Throat Spray
- Imodium AD
- Burn Cream
- Robitussin DM
- Acetaminophen (Tylenol)
- Hydrocortisone Cream

1. I grant the health care staff at GLLM, as appointed by the camp physician, permission to administer the medication(s) that I have indicated above. I understand that all medications will be administered according to labeled directions, and that those medications which I did not check, will not be given without my permission unless in the event of an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I do not give anyone at GLLM the permission to administer medications without my permission. I understand that I will be contacted by a GLLM staff member before any medication(s) are administered, unless in case of an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent's or Legal Guardian's Authorization \*must be completed for attendance

This health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities, except as noted by me and/or an examining physician. **Authorized for treatment:** I hereby give permission to the medical personal selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Important Information:** For everyone's safety, State Law requires that **ALL** medications brought to camp must be kept in the Health Center. The only exceptions to this rule are Rescue Inhalers and Epi-Pens. Campers are allowed to visit the Health Center as needed to receive their daily medication. All medications must be in an original pharmacy container with the correct name, date, and instructions on the bottle. The camp cannot give campers any medications that are improperly labeled or not prescribed by a physician/practitioner. Over-the-counter medications should not be brought to camp by campers; we have common over-the-counter medications in stock. Accordingly, Standing Orders for Health Care are provided for the camp by a licensed physician- Dr. Wessler. This allows the GLLM camp nurse(s) to administer first aid and dispense medications.

