



Green Lake Lutheran Ministries

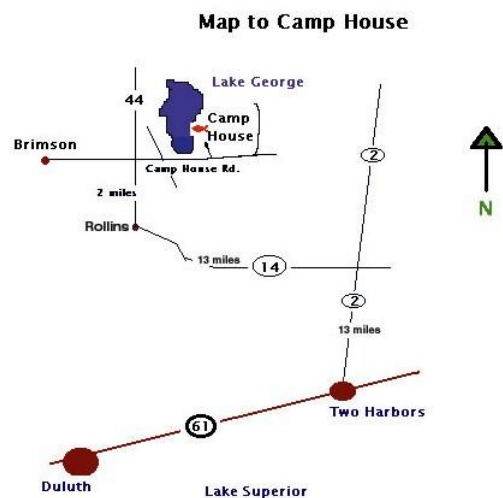
9916 Lake Avenue South, Spicer, Minnesota 56288
Green Lake 320.796.2181 • Shores of Saint Andrew 320.354.2961
Camp House 218.848.2277
Fax: 320.796.6633 Email: camp@gllm.org Website www.gllm.org

Welcome to Camp House! We are very excited about having your family join us for a week at camp this summer. We will have a great time and we look forward to seeing you soon!

Arrival Time: Registration opens **Sunday between 2:00pm and 4:00 pm** at the Camp House Dining Hall, unless other arrangements for you or your group have been made. If you must register after 4:00 pm, please contact the camp in advance at 218.848.2277 and let us know when to expect you.

Departure Time: Camp ends at **12:00 on Friday** following brunch and a closing worship.

Location: From Duluth, follow Hwy. 61 East and turn left on Hwy. 2 North. Proceed approximately 15 miles to County Road 14 and turn left. Follow until you come to a stop sign and turn onto County Road 44. Turn right onto Camp House Road. Camp is about 1 mile down the road on your left.



Please note that every member of your family must fill out a health form. If you would like extras you may print them off at www.gllm.org under the downloads tab or email or call Tricia at tlagergren@gllm.org or 320.796.2181

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What to Bring to Camp

Things to Pack for Camp:

- | | | |
|--|---|--|
| <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"/> Optional: camera, shirt for tie-dye | |

What to Leave at Home

- Fireworks, lighters, matches
- Laser Pointers
- Weapons, pocketknives, etc.
- Controlled Substances
- Non-Prescription Medications

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.



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

1st Parent or Guardian _____ Relationship _____
 Home Address _____ Home Phone _____
 City _____ State _____ Zip _____ Work Phone _____

2nd Parent or Guardian _____ Relationship _____
 Home Address _____ Home 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
- _____ 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.