



Retreat Health Form

An examination by a physician is NOT needed, but please complete the following form for GLLM to have on file during the retreat time. This form is required by Minnesota State Law.

First Name: _____ Last Name: _____

Date of Birth: _____

Emergency Contact: _____ Phone: _____

Relationship to camper: _____

Family Doctor: _____ Phone: _____

Allergies: Food/Medications/insects/other:	
Epi Pen needed? <i>GLLM does not provide EpiPens</i>	Y / N
Dietary Restrictions:	
Please list any routine medications camp staff will have to administer, including dosage and directions:	
Date of last Tetanus shot: ___/___/___	Camper up to date on immunizations? Y / N <i>If your camper has not been fully immunized, it is assumed that you understand and accept the risks to your child.</i>

Is there any other information that we should know about your camper? _____

Parent or Legal Guardian Authorization*

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to engage in all camp activities, except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on the form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. *Must be completed for attendance.

Signature of Custodial Guardian/Parent

Date

Relationship to Camper