GREEN LAKE LUTHERAN MINISTRIES
is becoming WATER'S EDGE MINISTRIES

WATER'S EDGE MINISTRIES

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. Use the back of this paper or an additional sheet if needed.

Participant Name _____ ***Date of Birth*** _____

Emergency Contact _____ ***Phone*** _____

Relationship to Camper _____

HEALTH INFORMATION

Allergies *(medication, insects, other)* _____

_____

EpiPen needed? *(GLLM does not provide EpiPens)* ***Yes / No***

Dietary Allergies / Restrictions _____

_____

Medications *Please share any routine medications, including dosage and frequency. This will only be shared as needed with EMS or staff.*

_____

_____

Date of last Tetanus shot _____ *If the participant has not been fully immunized, please explain below.*

_____

Does this participant have any restrictions on activity? Please explain. _____

_____

Will this participant require any special assistance while at camp? Please explain. _____

_____

Please share any pertinent health history our staff should know for this participant. _____

_____

Parent or Legal Guardian Authorization This health information is correct and accurate for this participant. This participant is able to engage in all camp activities except as noted. In the event that this participant or designated adult family member is unable to give consent, permission is given to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of this person for both routine health care and in emergency situations. If I or a designated adult family member cannot be reached or communicated to in an emergency, permission is given to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery. I understand the information in this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form if needed.

Signature of Participant or Legal Parent/Guardian _____ ***Date*** _____

Relationship to Camper _____