#### **Inspiration Point Health Form**

#### To be completed by a parent/guardian or responsible care agency. INSURANCE INFORMATION MEDICAL INFORMATION Camper's health coverage must pay for illness while at camp. Name of physician: \_\_\_\_\_ Insurance Co: \_\_\_\_ Phone: Policy #:\_\_\_\_ Name of dentist/orthodontist: State law requires all resident campers to be examined by a licensed physician within two years of admission to camp. Name of attending PCA: Date of last exam \_\_\_\_\_/\_\_\_ IMMUNIZATION RECORD **MEDICATIONS** This is required by the State Department of Health Please list all medications, including dosage and distribution times. State law requires all campers to be fully immunized. Place a check if current: Medication: Dosage: □ Rubella ☐ Measles ☐ Mumps Diptheria □ Polio □ Pertusis ☐ Tetanus/Date of Last Tetanus Please attach a sheet for additional medications and/or further instructions. Does the camper have allergic reactions to any of the following: MEDICATIONS MUST BE BROUGHT IN THEIR ORIGINAL CONTAINERS Yes No Yes No WITH CAMPER'S NAME, NAME OF DRUG, DOSAGE, DOCTOR □ □ Foods (specify) □ □ Pollens PRESCRIPTION NUMBER AND PHARMACY SUPPLYING DRUG □ □ Penicillin □ □ Other (specify) Permission to administer pain reliever: □ □ Bee Stings If "yes"to any of the above, please explain: \_\_\_\_\_ □ Aspirin □ None □ Acetaminophen → Other ☐ Ibuprofen Comments: Is the camper prone to any of the following: Yes No Yes No PRIMARY CAREGIVER INFORMATION □ □ Heart Trouble □ □ Seizures □ □ Upset Stomach □ □ Diabetes Agency: □ □ Kidnev Trouble □ □ Fainting □ □ Ear Trouble □ □ Bed Wetting **EMERGENCY CONTACT INFORMATION** Asthma ☐ Menstrual Problems □ □ Bleeding/Clotting Disorder Relationship to Camper: \_\_\_\_\_ □ □ Emotional Disturbances $\Box$ Other (specify) City: \_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ If "yes" to any of the above, please explain: Home Phone: Work Phone: Cell Phone:

Email:









A CAMP FOR ADULTS WITH SPECIAL NEEDS

August 20-23, 2023







Adventure and learning experiences abound for adults with physical, developmental, and learning disabilities in our Pathfinders camp program at Inspiration Point. Our well-trained and supportive staff brings the Christian camp experience in a resort-like



setting to adult guests looking for a place to relax, enjoy the outdoors, try new adventures, meet new friends, and grow in their relationship with Christ.

Days will include fabulous food, crafts, Bible studies, singing, outdoor games, the climbing tower, evening campfires, skits, worship services, and free time.

Registration will be held Sunday from 6-7 p.m. with a snack that evening. There will be a closing program on Wednesday at 1 p.m. with check-out immediately following.

For more information concerning this opportunity or questions on specific individual needs, please contact the Inspiration Point office at 218-338-5379.

# WHAT TO BRING:

Bible, disposable camera (Make sure it has your name on it!!!), flashlight, water bottle, swimming suit, toiletries, medications, sleeping bag, pillow, tennis shoes, sandals, money for camp store (optional), rain coat, T-shirts, long-sleeved shirts or sweatshirt, shorts & jeans, detailed information on any/all special instructions.

#### WHAT NOT TO BRING:

Video cameras, digital cameras, expensive jewelry, large sums of money, electronics, cell phones, snacks, gum, soda, candy, or cigarettes/tobacco products. If these items are brought to camp, these items will be taken and returned to you at the end of the week.

## **HOW TO GET HERE:**

From the Twin Cities/Alexandria - Take MN HWY 29 north towards Parkers Prairie (20 miles north of Alexandria). Turn left on CO HWY 6 for 4 miles. Take a right on CO HWY 65 for 2 miles.

From Fergus Falls/Fargo - Follow 210 to Vining (26 miles east of Fergus Falls). Turn right on CO HWY 40 and travel 5.5 miles to CO HWY 65. Turn right, and follow for 3 miles.

### PERSONAL CARE ATTENDANTS:

Pathfinders is open to adults with special needs from the ages of 18 and older. If one-on-one care is needed for showering, dressing, and/ or toileting, a same-sex personal care attendant <u>must</u> accompany the camper. A PCA charge of \$95 covers meals, lodging and snacks. Please indicate the name and contact information for your PCA on your registration form. PCAs will be sent a background check permission form prior to the start of the camp.





Price: \$250 | August 20-23, 2023
\*Save \$20 if you register and pay in full by July 28

Age:	
	Zip:
? □Yes	
ne and/or emergess Lutheran Bress for injuries, caull camp facilities nture course, clihority in matters	ials to act on my gency medical care. ethren Bible Camp, uses for action, or s (such as, but not imbing tower, etc.). s of discipline, ng camp rules is opense, and any
	Age: Age: State: Yes This camper to press Lutheran Brest Lutheran

video taken of this camper at camp for promotional

Date

purposes.

Signature of Parent/Guardian



Please mail your health & registration form and a minimum of \$50 as a non-refundable/non-transferable deposit to:

Inspiration Point 16157 CO HWY 65 Vining, MN 56588

Refunds: The balance (less the deposit) of a paid in full registration will be refunded if notified of a cancellation at least two weeks prior to expected arrival.

# Personal Care Attendants | Price: \$105

	State:	Zip:	
Phone:			
Email:			

