Inspiration Point
CHRISTIAN CAMP + RETREAT CENTER

Camper Name: _____ Camp Attending: _____

# MEDICAL INFORMATION

To be filled out/signed by a parent or guardian if you registered online. Return to Inspiration Point at least 2 weeks prior to arrival at camp: **mail** to 16157 County Highway 65 Vining, MN 56588 or **scan and email** to office@ipoint.org.

| | Yes | No | | Yes | No | | Yes | No |
|---|---|---|---|---|---|---|---|---|
| Heart Trouble | ☐ | ☐ | Food Allergies | ☐ | ☐ | Bedwetting | ☐ | ☐ |
| Ear Trouble | ☐ | ☐ | Environmental Allergies | ☐ | ☐ | Asthma | ☐ | ☐ |
| ADD/Hyperactivity | ☐ | ☐ | Hepatitis | ☐ | ☐ | Seizures | ☐ | ☐ |
| Activity Limitations | ☐ | ☐ | Menstrual Problems | ☐ | ☐ | Diabetes | ☐ | ☐ |

If yes, please explain: _____

*A doctor's note must accompany medical form.

State Law requires all campers be fully immunized. Place a check if current:

☐ Mumps ☐ Measles ☐ Rubella
☐ Polio ☐ Diphtheria ☐ Pertussis
☐ Tetanus/Date of last tetanus: ____ /____ / _____

State Law requires all resident campers to be examined by a licensed physician within two years of admission to camp.
Date of last exam: ____ /____ / _____

If taking medication, what kind and for what? _____

_____

Permission to administer pain reliever:

☐ Acetaminophen ☐ Ibuprofen ☐ OTC Allergy Medication
☐ None ☐ Other

Health Insurance: ☐ Y ☐ N If yes, Carrier:_____

Policy #: _____

*Parents' or Guardians' health coverage must pay for illness while at camp.

Emergency Contact (other than parent or guardian)

Name: _____
Relation to Camper: _____
Phone #: (_____) _____ - _____

## LUTHERAN BRETHREN BIBLE CAMP, INC. MEDICAL/MEDIA RELEASE

I hereby give permission for my child to attend authorizing routine and/or emergency medical care. I also agree to hold harmless Lutheran Brethren Bible Camp, Inc. for any and all claims for injuries, causes for action, or liability-related swimming, adventure course, climbing tower, zip line, high-ropes course, etc.) I give Inspiration Point authority in matters of discipline, understanding that any camper disregarding camp rules is subject to being sent home at camper willfully destroying property will be charged accordingly. I further authorize the camp to use photos or videos taken of my child at camp for promotional purposes.

_____ _____
Signature of Parent or Guardian Date