

Inspiration Point Health Form

To be completed by a parent/guardian or responsible care agency.

MEDICAL INFORMATION

Name of physician: _____

Phone: _____

Name of dentist/orthodontist: _____

Phone: _____

Name of attending PCA: _____

IMMUNIZATION RECORD

This is required by the State Department of Health

State law requires all campers to be fully immunized. Please check if current:

- Rubella Measles
- Mumps Diphtheria
- Polio Pertussis
- Tetanus/Date of Last Tetanus _____/_____

Does the camper have allergic reactions to any of the following:

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |

If "yes" to any of the above, please explain: _____

Is the camper prone to any of the following:

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes" to any of the above, please explain: _____

INSURANCE INFORMATION

Camper's health coverage must pay for illness while at camp.

Insurance Co: _____

Policy #: _____

State law requires all resident campers to be examined by a licensed physician within two years of admission to camp.

Date of last exam _____/_____/_____

MEDICATIONS

Please list all medications, including dosage and distribution times.

Medication:	Dosage:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a sheet for additional medications and/or further instructions.

MEDICATIONS MUST BE BROUGHT IN THEIR ORIGINAL CONTAINERS WITH CAMPER'S NAME, NAME OF DRUG, DOSAGE, DOCTOR, PRESCRIPTION NUMBER AND PHARMACY SUPPLYING DRUG.

Permission to administer pain reliever:

- Aspirin None
- Acetaminophen Other
- Ibuprofen

Comments: _____

PRIMARY CAREGIVER INFORMATION

Name: _____

Agency: _____

Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Lutheran Brethren Bible Camp, Inc.
Inspiration Point
 CHRISTIAN CAMP + RETREAT CENTER
 16157 County Hwy 65 | Vining, MN 56588



A CAMP FOR ADULTS WITH SPECIAL NEEDS

August 17-20, 2025





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 6-7:30 p.m. with a snack that evening. There will be a closing program on Wednesday at 10:00 a.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.

*NEW THIS YEAR: For any medications that must be taken on Sunday evening, please send them pre-prepared/separated for campers to take.

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 must accompany the camper. A PCA charge of \$120 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: \$300 | August 17-20, 2025

*Save \$25 if you register and pay in full by July 27

Name: _____

Birthday: _____ Age: _____

Gender: M / F

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Home Church: _____

Name of Parent(s)/Guardian(s): _____

New to Inspiration Point? Yes No

I hereby give permission for this camper to attend Inspiration Point and designate camp officials to act on my behalf in 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 to use of all camp facilities (such as, but not limited to swimming, zipline, climbing tower, 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's expense, and any camper willfully destroying property will be charged accordingly. I further authorize the camp to use photos or video taken of this camper at camp for promotional purposes.

Signature of Parent/Guardian

Date



Please mail your health & registration form and a minimum of \$75 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: \$120

PCA Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

