



**LPBC RECHARGE
HEALTH, EMERGENCY, AND
AUTHORIZATION INFORMATION FORM
(For one night or less)**

THIS FORM MUST BE COMPLETED FOR ATTENDANCE

I understand and certify that my child's participation in Luther Park Bible Camp's (LPBC) Recharge program held at LPBC and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Recharge events and programs and I acknowledge that although LPBC has taken safety measures to minimize the risk of injury, LPBC cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by LPBC's rules, regulations and procedures for the safety of participants. I waive any claim against LPBC and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. LPBC assumes secondary insurance coverage. I assume primary coverage.

This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.

AUTHORIZATION FOR TREATMENT: In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the Recharge Camper. In the event I cannot be reached, I hereby give permission to the medical personnel selected by LPBC to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by LPBC to secure and administer treatment, including hospitalization, for my child as named on this form.

AUTHORIZATION FOR TRANSPORTATION: I hereby give permission for my child to be transported for off-site outings.

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of LPBC and/or the ELCA.

COMPLIANCE WITH ELECTRONICS POLICY: I understand that LPBC does not allow any electronic devices except cameras and I certify that I have ensured my child's compliance with this policy.

Signature of Camper's Parent/Guardian

Date

The information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Camper's Name _____
Last First MI

Preferred Name _____ Female Male

Telephone _____ Birth Date _____

Home Address _____
Street City State Zip

Email _____

Parent/Guardian—In an emergency, notify:

Name _____ Telephone _____

Relationship _____

Location while camper is at LPBC _____

Who will be picking your child up? _____

HEALTH HISTORY

Does the camper have any physical condition requiring special care? Please explain.

Does the camper have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

Explain any activity restrictions:

Do you carry family medical/hospital insurance? ____ Yes ____ No

If so, indicate: Carrier _____
Policy or Group # _____