

Day Camp Health Form

An examination by a physician is NOT needed, but please complete the following form for GLLM to have on file during the day camp week. This form is required by Minnesota State Law.

Family Doctor: _____ Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Relationship to camper: _____

Allergies: Food/Medications/insects/other:	
EpiPen needed? (GLLM does not provide EpiPen)	Yes / No
Dietary Restrictions:	
Please list any routine medications camp staff/volunteers will have to administer, including dosage and directions: <small>*If you would like to go over medication with the individual administering it, please let the Local Program Coordinator know.</small>	
Date of last Tetanus shot: ____ / ____ / ____	Camper up to date on immunizations? Yes / No

Is there any other information that we should know about your camper in order to best serve them during the day camp week? _____

GLLM Day Camp Registration 2023

Name of Camper: _____ Date of Birth: ____/____/____

Gender: _____ Pronouns: _____ Age: _____ Grade completed summer 2023: _____

Parent/Guardian(s): _____

Address: _____

City, State, Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Email: _____

- I give permission for my child to attend the Green Lake Lutheran Ministries Day Camp Program, taking part in the normal program activities. I authorize the camp to secure a doctor to provide any necessary emergency medical care.
- I give permission for the use of photographs, video, and electronic images including my child in camp promotion.

Parent/Guardian Signature: _____

Dear Parent/Legal Guardian:

By participating in programs, services, and activities of Green Lake Lutheran Ministries (GLLM), you agree to the following: On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless GLLM, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any hosted or programmed event by GLLM.

Parent/Guardian Signature: _____