



# St. John's VBS Health Form & Liability Release 2017

June 26 – June 30, 2017

5:30 p.m. - 8:00 p.m.

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Camp \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street Address City State Zip

Gender:  Male  Female  
**Custodial Parent/Guardian** \_\_\_\_\_ Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_  
Street Address City State Zip

Business address \_\_\_\_\_  
Street Address City State Zip

**Second Parent/Guardian or emergency contact** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address City State Zip

Business address: \_\_\_\_\_  
Street Address City State Zip

If not available in an emergency, notify \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

### Insurance Information

Is the Camper covered by family medical/hospital insurance?  Yes  No  
If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

### Health History

#### Allergies

Medication: \_\_\_\_\_  
Food: \_\_\_\_\_  
Other: \_\_\_\_\_

#### Medications

Please List any Current Medications w/Dosage

Medication 1 _____	Name of Med _____	Dosage _____
Medication 2 _____	Name of Med _____	Dosage _____
Medication 3 _____	Name of Med _____	Dosage _____

#### Activity Restriction: Please list any restrictions and/or limitations to physical activities (i.e. pre-existing conditions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name of family Dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

This form is complete and accurate to my knowledge. The participant has permission to partake in all activities unless otherwise noted.

**Signature of Parent or Guardian** \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**This Health Form will be kept by the sponsoring congregation as confidential information. It will be used for informational and emergency purposes only.**

**Liability Release:** I have requested that St. John's Lutheran enroll my child as a participant in an activity based trip or program. As a condition of allowing my child to participate in this camp or activity, I, the undersigned, do hereby agree to the following: I understand that my child can expose him/her to dangers both from known risk and unanticipated risk. Acknowledging that such risk exists, I hereby release and discharge St. John's Lutheran and its officers, agents, and employees from any claims or liability for personal injury or property damage that my child may suffer while attending this camp, program, or activity. This includes but is not limited to, any claim arising out of any condition of the premises at which the camp, program activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned, in connection with the camp or program. I specifically agree to release and hereby release St. John's Lutheran and its officers, agents, and employees of St. John's Lutheran for any negligence of St. John's Lutheran or the officers, agents, or employees of St. John's Lutheran.

**Publicity Release:** Permission is hereby granted to use photos of, quotes from, or likeness of me or my child in print or electronic media for publicity purposes for and by St. John's Lutheran. Any claim or right is hereby waived to any royalty or fees that might be applicable for the use of such images, quotes, or likeness.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If I am unable to pick my child/children up from Day Camp at St. John's Lutheran Church only the person(s) listed below may pick them/him/her up: (ID will be required)

\_\_\_\_\_  
\_\_\_\_\_

Who, specifically, is **NOT** authorized to pick your child/children up from Day Camp?

\_\_\_\_\_  
\_\_\_\_\_