Retreat Health History & Parental Permission Form

*Lutherans Outdoors in SD * NeSoDak * Outlaw Ranch * Joy Ranch

PLEASE BRING THIS FORM WITH YOU TO CAMP!!!

To be filled out by parents or guardians of minors

Retreaters Name:	Birthdate:Sex: Age:
Parent or Guardian:	
Home Address:	
City: State:	Zip Code:
Day Phone: Evening Phone:_	Cell Phone:
Second Parent/ guardian or emergency contact:	
Home Address:	
City: State:	Zip:
Day Phone: Evening Phone: _	Cell Phone:

HEALTH HISTORY	
Recommendations & Restrictions while at Camp:	
Any Medication(s) the participant will be bringing to the camp:	
>>> Retreater's are responsible for taking own medications <<< The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here:	
<u>WARNING:</u> Under SD law, an equine professional is not activities resulting from the inherent risks of equine acti	
Camp Director to order X-rays, routine tests, in my care. In the event I cannot be reached physician selected by the Camp Director to se hospitalization for the child in my care, as na I give permission for my child's photo to be	ermission to the medical personnel selected by the treatment & necessary transportation for the child in an emergency, I hereby give permission to the ecure and administer treatment, including med above. used for publicity purposes.
Signature of parent or guardian:	
Date:	updated 4/2011