

VICTORY CAMPER
Info/Release FORM
 Mail this form to
 FLLC two (2) weeks
 prior to attendance

Dates will attend camp: from _____ to _____ Birth date: _____ Age when at camp: _____
Month/Day/Year Month/Day/Year
 ___ Male or ___ Female Camper Name: _____
First Middle Last

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.
 1) Complete all pages of this FORM and make a COPY.
 2) Send the original, signed FORM to camp by the requested date. Keep a copy for yourself.

Camper Home Address: _____
Street Address City State Zip Code

Parent/Guardian with legal custody to be contacted in case of illness or injury: Email: _____
 Name: _____ Relationship to camper: _____ Preferred Phone: () _____

Home Address: _____
(if different from above) Street Address City State Zip code

Other emergency contact information (Work, second parent/guardian, etc.):
 Name: _____ Relationship to camper: _____ Preferred Phone: () _____

RELEASE NAMES: *This child is allowed to be released to the following people (please list):*

****This child is NOT ALLOWED release to the following people:** _____
(Attach additional information/explanation, if needed.)

PLEASE COMPLETE THIS FORM AS WELL AS THE ATTACHED VICTORY CAMPER QUESTIONNAIRE.

Allergies: ___ No known allergies, or ___ This camper is allergic to: ___ Food, ___ Medicine, ___ The environment, ___ Other
(Please describe below what the camper is allergic to and the reaction seen. Attach additional information if needed.)

Carries EpiPen ___yes* / ___no (*If yes, provide details of anaphylaxis, including date and description of reaction, and PROVIDE two non-expired EpiPens: one for your child to carry with them and one for counselor/cabin.

Diet, Nutrition: ___ This camper eats a regular diet. ___ This camper eats a regular *vegetarian* diet.
 ___ This camper has special food needs*. (Please describe below. Attach additional information, if needed.)
 *Note: dietary preferences can not be accommodated.

Restrictions: ___ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 ___ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: (Please describe below. Attach additional information, if needed.)

Medical Insurance:
 This camper is covered by family medical/hospital insurance: ___ YES, or ___ NO
 Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.
 Insurance company: _____ Policy Number: _____
 Subscriber: _____ Insurance Company Phone Number: () _____
 CAMPER is aware of his/her own health needs: ___ YES, or ___ NO

Parent/Guardian Authorization for Health Care and FLLC Public Relations:
 This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the camp health officer for treatment and to refer further treatment to a physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. I retain the responsibility for any and all bodily injury, loss or damage of property. I also hereby grant permission for Fortune Lake Lutheran Camp to use this camper's likeness in photos and quotes for future publicity in print and digital form, including the use on Facebook.
 Signature of Custodial
 Parent/Guardian if applicable: _____ Date: _____ Relationship to camper: _____
 Signature of Camper: _____ Date: _____

Camper Name: _____
First Middle Last
 (For Camp Use) Program, Cabin & Counselor: _____