



Wolf Ridge Health Information and Permission Form



Name of Camper _____

Name of Program (circle one)

Address _____

5 Day Canoe I

5 Day Canoe II

City _____ State _____ Zip _____

Apostle Sea Kayaking

Isle Royale Backpacking

Gender _____ Age _____ Birthdate _____ Entering grade _____

10 Day Canoe

Emergency Contacts

Parent/Guardians _____ Relationship _____

During the session in which my daughter/son is enrolled, I can be reached at:

Day phone _____ Evening phone _____ Other _____

If I am unable to be reached, please call:

CONTACT #1 _____ Phone: _____ Relationship to Camper: _____

CONTACT #2 _____ Phone: _____ Relationship to Camper: _____

Dietary Restrictions and Preferences

This information will be used to plan meals and to alert our cooking staff to allergies and dietary restrictions.

This camper is a: vegetarian vegan

This camper has the following food allergies or dietary restrictions:

Medical Information

Please list any medications that your camper will have at camp. Provide the name of the medication, reason for taking the medication, and detailed instructions for administering the medication. (please attach extra sheets if necessary)

_____ Please initial in the blank provided if you grant permission for your child to keep and administer their own medications.

Health History

Please initial any conditions that apply to your child.

Chronic Concerns

_____ Frequent Ear Infections

_____ Heart Disease/defects

_____ Convulsions

_____ Bleeding/Clotting Disorders

_____ Bedwetting

_____ Diabetes

_____ Hypertension

_____ Asthma

_____ Mononucleosis

_____ Other (please list) _____

Allergies

_____ Hay Fever

_____ Ivy Poisoning, etc.

_____ Insect Stings

_____ Medicines (please list) _____

_____ Foods (please list) _____

_____ Other (please list) _____

Please provide information that helps us understand your child's conditions, reactions, (including frequency, and severity) and what is done to manage them:

Immunizations

To the best of my knowledge all of this camper's immunizations are up to date: yes no

If no, please explain.

The following medications are used by Wolf Ridge staff members to treat common ailments:

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Diphenhydramine HCL (Benadryl)

Triple Antibiotic ointment

Loperamide HCL (Imodium A-D)

Bismuth tablets (Pepto-Bismol)

Over-the-counter cough medicine

It is okay to use these medications for this camper:

yes no

Use these medications EXCEPT FOR:

PLEASE COMPLETE BOTH SIDES OF THIS FORM

INSURANCE and EMERGENCY BILLING INFORMATION:

Usually, there is no charge for first aid care given at Wolf Ridge by staff members of Wolf Ridge. However, parents/guardians are financially responsible for health care given by other health care providers such as clinics and hospitals. Please provide the following information for use in case of emergency.

Name of Insurance Company _____ Please write "none" if you have no insurance

Policy Holder's Name _____ Group # _____ Policy # _____

Physician: _____ Phone: _____

Camper Pick-up Information

Who will be picking up your camper on the last day of the session?

Name _____ Relationship _____

Note: For safety reasons, we will be confirming that the person picking up this camper is the person listed above by asking for identification (such as a driver's license). Please call ahead if this information changes.

Assumption of Risk Agreement, and Liability Release:

Please read and sign below. Signature required for camper participation.

As guardian of the above named child, I give my permission for him/her to participate in the Summer Youth Program at Wolf Ridge ELC. I understand and acknowledge that this program and associated activities involve certain inherent risks which I accept. These risks may include, but are not limited to, being transported by van to certain activities, walking on rugged trails, canoeing, sea kayaking, backpacking, rock climbing on an indoor wall and outdoors, belaying, high ropes course participation, weather, as well as other people's actions. Following appropriate medical consultation, I have determined that my child's health is adequate to participate safely in this program.

In the event of medical need, I authorize and give consent for treatment by emergency medical personnel. I understand that I am financially responsible for all medical charges incurred on behalf of myself or my dependents. I authorize the health care provider to release all information needed to secure payment of benefits, and I authorize the use of this signature on all insurance claims for myself and/or my dependent.

I hereby release Wolf Ridge, all of their personnel, agents, affiliates, sub-contractors, staff and directors, from any and all liabilities to me with respect to injury, sickness, disease, loss or damage. This release applies to any and all liabilities to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person entity seeks compensation for these released liabilities, I or my estate will indemnify and hold harmless Wolf Ridge for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

I authorize Wolf Ridge to use any photos taken during the Summer Youth Program and comments made on evaluations by campers in publicity materials for Wolf Ridge and the Summer Youth Program.

I give my permission for the medications listed in the medical information section of this form to be administered by Wolf Ridge Directors and Naturalists.

The information I have provided on this sheet is complete and correct.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM