

IDAHO YOUTH SUMMIT MEDICAL FORM

Participant Name _____ Date of Birth _____ Age _____ Male Female
Address _____ City _____ State _____ Zip _____
Parent(s)/guardian name(s) if under 18 _____
Parent Home Phone _____ Cell Phone _____ Work Phone _____
Emergency Contact _____ Emergency phone _____
Relationship _____ Alternate phone _____
Family Physician _____ Phone (_____) _____
Family Dentist _____ Phone (_____) _____
Date of last Tetanus shot ____/____/____

Medical Insurance Company _____ Insurance ID # _____ Group # _____

Would you allow you child to take over-the-counter medications, such as Tylenol, or Advil? YES _____ No _____

Please list over the counter medication participant will bring to camp: _____

Description of any limitations or restrictions on camp activities: _____

Prescription Medication(s) participant will take at camp: List: Medication/dose/ times taken: _____

Medication Allergies* _____ Food & Other Allergies _____

*ALL CAMPERS ALLERGIC TO BEES MUST BRING AND CARRY AN EPI PIN WITH THEM.

RELEASE OF LIABILITY

Disclosure: Camp Lutherhaven & Shoshone Mountain Retreat’s programs include a variety of outdoor activities, including

- Low & High Ropes Challenge Course
• Rock Climbing
• Archery & Target Shooting
• Swimming
• River Floating
• Canoeing
• Boating & Water Sports Hiking
• Active, Run-Around Games
• Rigorous Physical Activity

The level of participation in any Lutherhaven Ministries program or activity is at all times completely up to the individual. All Lutherhaven Ministries program elements are built and conducted to the highest industry standards by professional staff utilizing appropriate equipment systems. However, each participant must assume the risk that he or she may suffer an emotional or physical injury or disability while involved in any outdoor physical activity. I understand that certain activities at Camp Lutherhaven and Shoshone Mountain Retreat may be physically or emotionally demanding. I affirm that my or my child/ward’s health is good, and that I am not or my child/ward is not under a physician’s care for any undisclosed condition that may affect my or my child/ward’s fitness or ability to participate in physical activities. I recognize the inherent risk of injury, disability or death in physical activities, and I assume the risk of participating in these activities on behalf of myself or my child/ward. I understand that such risks may include falling from heights, drowning, and being hit by an object, among other risks, including unknown risks. I release and hold harmless Camp Lutherhaven; Shoshone Mountain Retreat; Lutherhaven Ministries, Inc., its officers, directors, members, employees, and agents, (“Lutherhaven”) from any and all claims made on behalf of myself or my child/ward for bodily injury, including death, resulting from participation in Lutherhaven’s programs and activities, whether such claims arise from Lutherhaven’s negligence or otherwise.

I, _____, the parent/legal guardian of _____, hereby consent to his/her travel attendance and participation in the event conducted by Idaho Drug Free Youth known as the Idaho Youth Summit, on June 18-21, 2019 In consideration of his/her participation in the event, I, intending to be legally bound, hereby forever release and discharge Idaho Drug Free Youth, Inc (IDFY), its agents, representatives, successors and assignees as well as _____(name of school district) from all liabilities, claims, demands, damages, costs, expenses, which I, or the above minor for whom I am signing, may now or hereinafter claim arising out of his/her participation in the above referenced IDFY event, including travel to and from said event. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper medical treatment, including without limitation, hospitalization, anesthetic, surgery or injections of medications for my child. I attest and verify that, to the best of my knowledge, his/her physical condition and fitness are adequate for him/her to safely participate in the activities of the Idaho Youth Summit.

Participant Signature- under the age of 18 _____ Date _____
Parent/Guardian Signature _____ Date _____
Participant- over the age of 18 _____ Date _____