

Wisconsin Teen Retreat Application Form 2014

Since 1963 "an Experiment in Christian Living"

Retreat Name: Teen Retreat Retreat Dates: October 24-26, 2014 **Retreat Directors: Barry Wineroth Camper Information** Please complete a separate form for each person attending camp. Name of Camper ____ Address Phone City Camper Email Emergency Contact Information Campers MUST have two emergency contacts to attend camp Contact #1 Name _____ Relationship _____ City_____ State____ Zip ____ Email ____ Home Phone _____ Cell Phone _____ Contact #2 Name _____ Relationship _____ Home Phone _____ Cell Phone _____ **Deadlines & Fees** Applications should be received one month prior to camp/retreat start date. Camp Bless-

Deadlines & Fees Applications should be received one month prior to camp/retreat start date. Camp Blessing reserves the right to cancel a camp/retreat if registration is inadequate. **Retreat cost is \$25 for all participants over 18 years**; please include payment with your application.

Please return Wisconsin Applications and Forms to:

Sara Lenzner 822 N. 3rd Ave, Wausau, WI 54401 (715) 842-8499

Photo Release By attending a Camp Blessing event, you grant permission to use photos of the attendee in Camp publications such as, but not limited to, brochures, web sites, and camp reports.

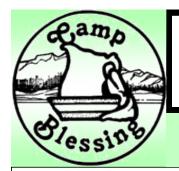


Medical Information & Health History Form 2014

Please include accurate health information that the Camp Director, Staff, and Nurse should be aware of to insure well-being of campers.

All forms are available at www.campblessing.com

Medical record for (name)		Date:
Health History Please check all that	apply	
Seizures	Ear Infections	Diabetes
Hypertension	Heart Disease/defect Asthma	
Epilepsy	Musculoskeletal Disorders Skin Conditions	
Bleeding Disorders	Hay fever	Other
Details		
General Diet:	Special Diet:	
Allergies Please indicate all that apply		
Food	Symptoms to watch for	
Drug		
Animals		
Insect Bites	Action to take	
Plant/pollens		
Other:		
Actions to take		
Permissions Please initial the line to the to stay and participate at Camp Blessing.	te left of each statement, then sign and date the bott	om. All campers must have authorization
camper listed above during his/her stay at Cam	tments (including medical, surgical, anesthesia of on p Blessing. It is understood that emergency treatmed Phone/approval #	ent will be performed at a local hospital.
ID# Group#	Phone/approval #	
	ster medications prescribed by a physician, to treat sl, cough drops, antacids, antibiotic ointment, topica	
tions on back.	participate in all camp activities, including field tr	ips off camp grounds. Please list excep-
Parent/Guardian		_ DATE



Medication Record Health Form 2014

This page MUST be filled out completely if the applicant is taking medications of any type.

All medications MUST be in their original containers and clearly labeled with applicants name and current instructions.

Medication record for (name)	Date:
Medication Instructions	
Bring all medications to Camp Nurse upon arrival. All medications cannot dispense medications unless:	will be kept secured in the Nurse's Office. The Camp Health Supervisor
1. Medication is in original container.	
2. Camper's name is clearly labeled on container.	
3. Instructions listed below must match label on container.	
4. Medication form must be signed by child's MD/NP/PA	
Medication name:	
Dose and route:	
Time to be given:	
Specific Instructions or Reason to contact Physician:	
Medication name:	
Medication name: Dose and route:	
Dose and route: Time to be given:	
Specific Instructions or Reason to contact Physician:	
Medication name: Dose and route: Time to be given: Specific Instructions or Reason to contact Physician:	
Medication name:	
Medication name: Dose and route:	
Time to be given:	
Specific Instructions or Reason to contact Physician:	
Physician/Practitioner's signature directs the communicate with person who administers the medication. Name of Physician/Practitioner	e above medication administration and indicates his/her willingness to
	ni .
Address	Phone
CityStateZip	
Physician/Practitioner Signature	Date
Parent/Guardian	DATE