



HEALTH INFORMATION & RELEASE FORM

Please follow the instructions below and attach additional information if needed.

Complete ALL pages of this form and send the original, signed form to Wolf Ridge at least 3 weeks in advance.

PERSONAL INFORMATION

Name of Camper _____

Age (on arrival at camp) _____ Birthday _____ Entering Grade _____ Gender _____ Height _____ Weight _____

DATES OF SESSION

SESSION CAMPER WILL ATTEND (circle one)

- | | | |
|------------------------------------|---------------------------------------|--|
| Summer Sampler | Credit Academy: Wilderness Ethics | Angling to Archery |
| Discoverers | Day Camp - Hummingbirds (1st) | Farm, Feast and Fire Camp |
| Voyageurs | Day Camp - Rangers (2nd/3rd) | Girls Rock Wolf Ridge Leadership Program |
| Voyageurs 2 wk - Ultimate Survival | Day Camp - Spouts Farm Camp (2nd/3rd) | 5-Day SHT Backpack |
| Adventurers 1-wk | Day Camp - Pioneers (4th/5th) | Superior Service Learning |
| Adventurers 2 wk Isle Royale | 5-Day BWCAW Canoe | Counselor in Training (CIT) |
| Adventurers 2 wk BWCAW Canoe | Adventurers Northwoods Sea Kayak | S.E.A.K |
| Jr. Nats 2 wk Quetico Canoe | Camp Rock Climbing | Murray e2 Program |
| Jr. Nats 2 wk Apostle Is. Kayak | Isle Royale Kayak Expedition | |
| Credit Academy: Freshwater Eco. | BWCA Traverse Canoe Expedition | |

SCHOOL INFORMATION

Name of School: _____

City/State of School: _____

ETHNICITY/RACE

please check all that apply

- Black/Afro-Caribbean/African American
Any person having origins in any of the black racial groups of Africa.
- Latino(a)/Hispanic American
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin
- Asian/Asian American
A person having origins in the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- American Indian/Alaskan Native
A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
- Non-Hispanic White/Euro-American
- Prefer not to answer

T-SHIRT SIZE

youth & adult sizes, please circle one

- | | | | |
|-------------|--------------|-------------|----------|
| Youth Small | Youth Medium | Youth Large | |
| Adult Small | Adult Medium | Adult Large | Adult XL |

CAMPER HOME ADDRESS

Street Address _____ City _____ State _____ Zip _____

Parents/Guardians with legal custody to be contacted in case of an emergency

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____

Additional contact in the event parents/guardians can not be reached

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____

- Home
- Work
- Mobile
- Home
- Work
- Mobile
- Home
- Work
- Mobile

DIET & NUTRITION (please check)

- This camper has an unrestricted diet
- This camper has a regular vegetarian diet
- This camper has a gluten free diet
- This camper has other dietary needs (please describe below)

Read the Welcome Packet for more information on meals and dietary concerns.

ALLERGIES (please check)

No Known Allergies

Camper is allergic to Food Medicine Environmental (insects, hay fever, etc) Other

Does your child require an EpiPen? Yes No

If you checked YES, please describe below what exactly the camper is allergic to & the reaction seen

NON - PRESCRIPTION MEDICATIONS

The following non-prescription medications are stocked in the health room. They are used on an as needed basis to manage illness and injury. Please CROSS OUT those which should NOT be given by Wolf Ridge staff. All medications are administered by the guidelines listed on the packaging.

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Diphenhydramine antihistamine (Benadryl)

Loratadine (Claritin)

Antibiotic cream (Bacitracin)

Double antibiotic cream (Polysporin)

Anti-Diarrhea (Imodium)

Bismuth (Pepto-Bismol)

Antacids (Tums)

Phenylephrine decongestant (Sudafed PE)

Guaifenesin cough syrup (Robitussin)

Dimetapp

Cough Drops

Hydrocortisone (Itch cream)

Calamine Lotion

Aloe

Insect Repellent (with DEET)

Insect Repellent (without DEET)

Sunscreen/Sunblock

PRESCRIPTION MEDICATIONS

Please list ALL medications. Bring enough medication to last the entire program. Keep it in the original packaging/bottle that identifies the prescribing physician, name of the medication, dosage, and frequency of administration. Medication is any substance a person takes to maintain and/or improve their health it includes vitamins & natural remedies.

This person takes NO medications during their time at Wolf Ridge

This person takes medications as follows (Please indicate the Medication, Dosage, Frequency and Reason) Use extra sheets if necessary

Name of Medication	Reason for taking it	Time medication is given	Amount or dose	How it is given
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		

VACCINATIONS & IMMUNIZATIONS

Please list the date of your child' most recent vaccination or booster, if any, for the following concerns;

Name of Vaccination	Is Vaccinated for this Concern	Date received (you can attach the vaccine history instead of completing this table also)
Hepatitis B	Yes No	
Diphtheria, Tetanus, Pertussis (DTaP)	Yes No	
Haemophilus influenzae type b (Hib)	Yes No	
Inactivated Poliovirus (IPV)	Yes No	
Measles, Mumps, Rubella (MMR)	Yes No	
Varicella (chicken pox)	Yes No	
Hepatitis A (Hep A)	Yes No	
Meningococcal	Yes No	
Pneumococcal	Yes No	
Influenza (yearly)	Yes No	
Human papillomavirus (HPV)	Yes No	
Rotavirus (RV5 or RV1)	Yes No	

PHYSICAL & EMOTIONAL HEALTH HISTORY

Please check yes or no to the following questions and provide a brief description of the ones checked yes.

PHYSICAL

YES NO

- 1. Asthma/respiratory concerns
- 2. Athlete's foot
- 3. Back pain/injury
- 4. Bedwetting
- 5. Blackouts/fainting
- 6. Cancer
- 7. Chest pain
- 8. Crohn's disease
- 9. Colitis
- 10. Concussions
- 11. Dental braces
- 12. Diabetes
- 13. Ear infections
- 14. Epilepsy/seizures
- 15. Fetal alcohol syndrome
- 16. Hay fever
- 17. Headaches (including migraines)
- 18. Hearing problems
- 19. Heart disease
- 20. High blood pressure
- 21. IBS
- 22. Lice
- 23. Menstrual difficulties
- 24. Motion sickness
- 25. Pneumonia
- 26. Sinus infections
- 27. Skin concerns
- 28. Sleepwalking
- 29. Speech concerns
- 30. Stomach aches (repetitive)
- 31. Ulcers
- 32. Vision concerns or wears glasses/contacts

EMOTIONAL/MENTAL

YES NO

- 1. Anxiety
- 2. Attention-Deficit Hyperactivity Disorder (ADHD)
- 3. Autism
- 4. Bi-polar disorder
- 5. Depression
- 6. Developmental delays
- 7. Eating disorders
- 8. Obsessive compulsive disorders (OCD)
- 9. Oppositional defiant disorder (ODD)
- 10. Significant life event (i.e. death in the family, family changes, divorce, new sibling, etc)

PLEASE EXPLAIN ANY YOU CHECKED YES TO ON ANY SECTION OF THE PHYSICAL & EMOTIONAL HEALTH HISTORY. THIS HELPS US ENSURE WE CAN PROVIDE THE MOST POSITIVE EXPERIENCE POSSIBLE FOR YOUR CHILD

RELATED HEALTH QUESTIONS

YES NO

- 1. Has your child had any operation?
- 2. Has your child ever been hospitalized for had a serious injury?
- 3. Does your child have any restrictions on activities?
- 4. Will your child require any special assistance while at camp?
- 5. Is there anything you would like to discuss with the camp staff?

COMMUNICABLE DISEASES

Has your child been exposed to any of the following communicable diseases within the last 12 months? If yes please explain.

YES NO

- 1. Chicken Pox
- 2. Foot & Mouth
- 3. Hepatitis A
- 4. Hepatitis B
- 5. Hepatitis C
- 6. Measles (German)
- 7. Measles (red)
- 8. Mono
- 9. Mumps
- 10. Rheumatic Fever
- 11. Scarlet Fever
- 12. Whooping Cough

INSURANCE & EMERGENCY BILLING INFORMATION

There is no charge for basic 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. Include a copy of your insurance card if appropriate.

This camper is covered by medical insurance Yes No

Name of Insurance Company: _____ Policy Holder's Name: _____

Group #: _____ Policy #: _____

Physician: _____ Phone: _____

CAMPER PICK-UP INFORMATION

For safety reasons, we will be confirming that the person picking up this camper is the person listed below by asking for identification (such as a driver's license). If this changes, please provide changes in writing by e-mailing updated information to mail@wolf-ridge.org

Who will be picking up your camper on the last day of the session? If unsure, please e-mail updated pick up information to mail@wolf-ridge.org. Include campers name and session in the email.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

ASSUMPTION OF RISK & RELEASE

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

As a parent/guardian of the above named child in the youth program at Wolf Ridge ELC, I acknowledge and am aware that this program involves certain inherent risks, which I accept. These risks may include injuries relating to, but not limited to, walking on uneven trails with elevation gains of up to 500 feet in various weather conditions, canoeing (spring, summer and fall), cross country skiing and snowshoeing (winter), rock climbing and belaying, overnight camp, being transported by vehicles to activities, kayaking, hiking, field games, participating in a high ropes course activity, weather and other peoples' actions. Following appropriate medical consultation, I hereby certify that my child is fully capable of participating in the activities.

In the event of an emergency, I authorize treatment by Wolf Ridge staff, and emergency medical personnel. I give my permission for the prescription and non-prescription medications listed in the medical information section of this form to be administered by designated Wolf Ridge staff. I understand that I am financially responsible for all medical charges incurred on behalf of my dependents or myself. 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.

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

I authorize Wolf Ridge ELC to use any photos and videos taken and comments made on evaluations during the visit to Wolf Ridge in publicity materials for Wolf Ridge ELC. The information I have provided on this sheet is complete and correct.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please complete this form and mail it back to Wolf Ridge 3 weeks prior to your child's session.

Mail to
Wolf Ridge ELC
6282 Cranberry Road
Finland, MN 55603

Email mail@wolf-ridge.org