



# 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	Please complete the following information
Name of Camper _____	
Nicknames or Preferred Name _____	
Age (on arrival at camp) _____ Birthday _____ Entering Grade _____	
Biological Sex _____ Gender Identity _____ Height _____ Weight _____	

T-SHIRT SIZE
Please check your size both adult and youth sizes are available
<input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large

DATES & SESSION CAMPER WILL ATTEND	Please check which session your camper will be attending and if there are multiple dates for that program, please include the dates (i.e. Discoverers, Voyageurs, etc)	
Dates of Session(s) _____		
Session(s) Camper is/are Attending (please check)		
<u>Grades K - 3</u> <input type="checkbox"/> Summer Sampler - Grades 2 & 3 <input type="checkbox"/> Day Camp - Hummingbirds (1st) <input type="checkbox"/> Day Camp - Rangers (2nd/3rd)  <u>Grades 6 - 7</u> <input type="checkbox"/> Girls Rock Wolf Ridge Leadership <input type="checkbox"/> Voyageurs <input type="checkbox"/> 5-Day BWCAW Canoe	<u>Grades 4 - 5</u> <input type="checkbox"/> Summer Sampler - Grades 4 & 5 <input type="checkbox"/> Day Camp - Pioneers (4th/5th) <input type="checkbox"/> Discoverers  <u>Grades 8 - 9</u> <input type="checkbox"/> Adventurers 1-wk <input type="checkbox"/> Adventurers 2-wk Isle Royale <input type="checkbox"/> Adventurers 2-wk BWCAW Canoe <input type="checkbox"/> Camp Rock Climbing <input type="checkbox"/> Farm, Feast and Fire Camp <input type="checkbox"/> 5-Day BWCAW Canoe	<u>Grades 10 - 12</u> <input type="checkbox"/> Isle Royale Kayak Expedition <input type="checkbox"/> Jr. Nats 2 wk Quetico Canoe <input type="checkbox"/> Jr. Nats 2 wk Apostle Is. Kayak <input type="checkbox"/> Ornithology Field Camp <input type="checkbox"/> SEAK

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: ( ) _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	
Name: _____	Relationship to Camper: _____	Preferred Phones: ( ) _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	
Additional contact in the event parents/guardians can not be reached						
Name: _____	Relationship to Camper: _____	Preferred Phones: ( ) _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	
Name: _____	Relationship to Camper: _____	Preferred Phones: ( ) _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	

ETHNICITY/RACE	Please check all that apply	
<input type="checkbox"/> Black/Afro-Caribbean/African American <small>A person having origins in any of the black racial groups of Africa.</small> <input type="checkbox"/> Latino(a)/Hispanic American <small>A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture</small> <input type="checkbox"/> Asian/Asian American <small>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</small>	<input type="checkbox"/> American Indian/Alaskan Native <small>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</small> <input type="checkbox"/> Non-Hispanic White/Euro-American <input type="checkbox"/> Prefer not to answer	

DIET & NUTRITION (please check)	<input type="checkbox"/> This camper has an unrestricted diet <input type="checkbox"/> This camper has a gluten free diet	<input type="checkbox"/> This camper has a regular vegetarian diet <input type="checkbox"/> 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

## OVER-THE-COUNTER (OTC) / 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's most recent vaccination or booster and/or please attach the vaccination documentation from your child's doctor.

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	
Measles, Mumps, Rubella (MMR)	Yes No	
Varicella (chicken pox)	Yes No	
Hepatitis A (Hep A)	Yes No	
Meningococcal (MCV4)	Yes No	
Pneumococcal	Yes No	
Influenza (yearly)	Yes No	
Human papillomavirus (HPV)	Yes No	
COVID-19	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 & EMOTIONAL/MENTAL HEALTH**  
**YES NO**

- Anxiety
- Asthma/respiratory concerns
- Athlete's foot
- Attention-Deficit Hyperactivity Disorder (ADHD)
- Autism
- Back pain/injury
- Bedwetting
- Bi-polar disorder
- Blackouts/fainting
- Cancer
- Chest pain
- Crohn's disease
- Colitis
- Concussions
- Dental braces
- Depression
- Developmental delays
- Diabetes
- Ear infections
- Eating disorders
- Epilepsy/seizures
- Fetal alcohol syndrome
- Hay fever
- Headaches (including migraines)
- Hearing problems
- Heart disease
- High blood pressure
- IBS
- Lice
- Menstrual difficulties
- Motion sickness
- Obsessive compulsive disorders (OCD)
- Pneumonia
- Significant life event (i.e. death, family changes, divorce, new sibling, etc)
- Sinus infections
- Skin concerns
- Sleepwalking
- Speech concerns
- Stomach aches (repetitive)
- Ulcers
- Vision concerns or wears glasses/contacts

Please explain any YES responses to the questions listed under Physical & Emotional Health History. This helps us ensure we can provide the most positive experience for your child.

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**RELATED HEALTH QUESTIONS**

- YES NO**
- Has your child had any operation? If yes, please explain the operations and include date(s). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Has your child ever been hospitalized or had any serious injury? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Has your child have any activity restrictions? If yes please explain & list the special accomodations that should be made. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Has your child require any special assuistance while at camp? if yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Are there any other medical concerns or information you wish the camp staff to know? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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. COVID-19
  - 3. Foot & Mouth
  - 4. Hepatitis A
  - 5. Hepatitis B
  - 6. Hepatitis C
  - 7. Measles (German)
  - 8. Measles (red)
  - 9. Mono
  - 10. Mumps
  - 11. Rheumatic Fever
  - 12. Scarlet Fever
  - 13. Whooping Cough

**YES NO**

Is there anything you would like to discuss with the medical staff and/or camp director? Please also include the best time(s) to reach you.

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## INSURANCE & EMERGENCY BILLING INFORMATION

This camper is covered by medical insurance  Yes  No

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.

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 information changes or you are unsure, please provide the information in writing by e-mailing [jenny.bushmaker@wolf-ridge.org](mailto:jenny.bushmaker@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 IS 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 understand that COVID-19 is a global pandemic, extremely contagious and believed to spread from person to person contact. Wolf Ridge ELC has enacted preventive measures in an attempt to reduce the spread of COVID-19, but cannot guarantee that participants in the program will not become infected. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, or the child identified above may be exposed to or infected by COVID-19 by participating in the Wolf Ridge ELC program. As parent/guardian of the above named child in the youth program at Wolf Ridge ELC, I consent for the staff to administer a rapid antigen COVID-19 test at program check in should vaccination proof (via vaccination card) or a negative COVID-19 test (taken within 72 hours) not be presented, or in the case of the child showing symptoms during camp.

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](mailto:mail@wolf-ridge.org)