e.ama				~	
R	Wisconsin Camp				
elessing	A	Applicat	ion F	form 2024 (Form A	
Kid's C	amp	July 14-19 —	- Sarah Ro	ehr	
Teen C	amp	July 21-27 — Levi Schultz and Laura Cannon			
_	Person's Camp	June 16-22 —			
Name of Camper					
Address					
City			State	Zip	
				□Male □Female	
Parent/Guard	ian and Emerge	ency Contact	Info Camr	pers MUST have two contacts to attend camp	
	s (Emergency Cont	•		r	
	Relationship(s)				
City	S	tate	Zip	Email	
Home Phone		Work Phone		Cell Phone	
Emergency Cont					
				Relationship	
Address					
City	S	tate	Zip	Email	
Home Phone		_ Work Phone _		Cell Phone	
Please scan an	d email or mail	forms to:			
Marcia Graveen	1650 Naugart Dr.	Merrill, WI	54452	CampBlessingApps@gmail.com	
Deadlines App	lications should be ight to cancel a can	received one m	onth prior t	to camp/retreat start date. Camp Bless- nadequate.	
				deny camp applications	
	1 0		1		
-		•		fication Agreement	
In consideration of be	eing allowed to particip , appreciates, and agree	oate on behalf of Ca	mp Blessing,	Inc. and related events and activities, the under-	
1. Participation incl	ludes possible exposure	e to and illness from		iseases including but not limited to MRSA, influ	
enza, and COVID-19 does exist; and,	. While particular rules	s and personal disci	pline may red	luce this risk, the risk of serious illness and death	
	freely assume all such	risks, both known a	nd unknown.	, even if arising from the negligence of the releas	
es or others, and assu	me full responsibility f	for my participation	; and,		
3. I willingly agree tious diseases; and,	to comply with the sta	ted terms and condi	tions for part	icipation as regards to protection against infec-	
4. I, for myself and				and next of kin, HEREBY RELEASE AND	
				d/or employees, other participants, sponsoring nises used to conduct the event ("RELEASEES"	
WITH RESPECT TO) ANY AND ALL ÎLL	NESS, DISABILIT	Y, DEATH, (or loss or damage to person or property,	
WHETHER ARISIN law.	G FROM THE NEGL	GENCE OF RELE	ASEES OR (OTHERWISE, to the fullest extent permitted by	
14.44.					
Parent/Guardian S	Signature			Date	

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Medical Information & Health History Form 2024 (Form B)

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 <u>www.campblessing.com</u>

Medical record for (name) _____ Date: _____

all that apply Ear Infections Heart Disease/defect Musculoskeletal Disorders Hay fever	Diabetes Asthma Skin Conditions Other
Special Diet:	
apply	
<u> </u>	
Symptoms	
· · ·	
Actions	
	Ear Infections Heart Disease/defect Musculoskeletal Disorders Hay fever special Diet: apply List Allergens Symptoms

Exceptions and Limitations Please list special considerations for this camper. (i.e. sleep disorder, bedwetting, physical, emotional, or behavioral concerns) Considerations

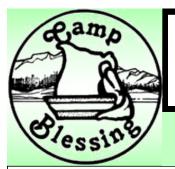
Actions to take

Permissions Please sign and date the bottom. All campers must have authorization to stay and participate at Camp Blessing. By attending a Camp Blessing event, you grant permission to use photos of attendee in Camp Blessing publication such as, but not limited to brochures, web sites and camp reports.

I grant permission for any emergency treatments (including medical, surgical, anesthesia of other procedure) deemed necessary for the camper listed above during his/her stay at Camp Blessing. It is understood that emergency treatment will be performed at a local hospital. Health Insurance Provider_____

ID#_____ Group#_____ Phone/approval #_____

I grant permission for the nurse to administer medications prescribed by a physician, to treat minor injuries and to administer over the counter medications included but not limited to analgesics (pain reliever) antihistamines. cough drops, antacids, antibiotic ointment, topical pain reliever. The camper listed above has permission to participate in all camp activities, including field trips off camp grounds. Please list exceptions on back. Parent/Guardian Signature Date



Medication Record Health Form 2024 (Form C)

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 will be kept secured in the Nurse's Office. The Camp Health Supervisor cannot dispense medications unless:

- 1. Medication is in original container.
- 2. Camper's name is clearly labeled on container.
- 3. Instructions listed below must match label on container.

Medication name:

Reason:

Dose, Route, and Time: Specific instructions or reason to contact physician:

Medication name:

Reason:

Dose, Route, and Time:

Specific instructions or reason to contact physician:

Medication name:

Reason:

Dose, Route, and Time:

Medication name:

Reason:

Dose, Route, and Time:

Specific instructions or reason to contact physician:

Medication name:

Reason:

Dose, Route, and Time:

Specific instructions or reason to contact physician:

Parent/Guardian Signature_____ DATE_____



PHYSICAL EXAM FORM – CAMP BLESSING (Form D) To be completed and signed by your MD/PA/NP Campers must have PHYSICAL EXAM FORM completed

within the past 24 months. It is to be on file at Camp Blessing.

 Name of Camper/Staff:

 Date of Birth

Date of Exam

IMMUNIZATIONS: This person has been immunized in accordance with the immunization schedule appropriate for his/her age as approved by the CDC and the Academy of Pediatrics. YesNo Immunizations have been declined by parents for religious or medical reasons Date of last Tetanus	the American
Parent/Guardian Signature	Date
Parent/Guardian Signature Please attach a copy of complete immunization record to this form.	
Examination:	
Essential findings	
Health problems that camp should be aware of	
Please explain what to watch for	
Identify any health risks (i.e. allergies, etc.)	
Action to take	
Medical devices bringing to camp (Such as wheelchair, walker, cane, C-Pap):	
Recommendations for restriction of physical activity at camp.	
None Yes	
Explain	
Medications : If this camper is currently taking medication to be given while at please list them on and sign the Medications Form.	ttending camp,
In my opinion, this person's condition allows participation in an active camp pro Signature of MD/PA/NP	gram.
Signature of MD/PA/NP Printed Name Phone Number	Date
Please scan and email or mail to:	

Marcia Graveen, 1650 Naugart Dr, Merrill, WI 54452

CampBlessingApps@gmail.com