

2008 Octoberfest Registration

Name: _____ M or F Grade _____
Address: _____ Phone _____
City _____ State _____ Zip _____
Cabin Mate _____ E-Mail: _____
Congregation: _____

Health Form

Emergency Contact _____ Phone: _____
Does your camper have any allergies to any foods, meds, insects? _____
If yes, what are they and how to they react?

Medications presently taking (name, dose, time)

Immunization History: Diphtheria-Tetnus _____ Date _____
Polio _____ Date _____

Diet Restrictions: _____

Any discouraged activities? _____

Insurance company: _____

Policy & Group Number _____

In case of medical emergency: I give my permission to the Camp Health Care Manager to treat my child for minor aches, flu-like symptoms, rashes, and injuries with medications approved by the camp's local physicians. I give my permission to the local physician to hospitalize, treat, medicate, or perform surgery for my child if I or an alternate cannot be reached.

Signature (adult): _____ Date: _____

Please Return completed registration form and a \$15

Deposit by Oct 5th to: Shetek Lutheran Ministries

14 Keeley Island Dr

Slayton, MN 56172

Questions? 507-763-3567 or slbc@frontiernet.net