

Voyageurs Lutheran Ministry's (VLM's) primary concern is the health and safety of campers. The Boundary Waters Canoe Trip is a rigorous and physically challenging experience for youth and adults. Care should be taken in completing this health history form, carefully noting restrictions and cautions and answering all questions.

Each canoeist must present a completed and signed health form upon arrival at Camp. This includes both youth and adults. Please use black/blue ink when filling out this form. If at all possible, please provide 2 copies of this form upon arrival at Camp.

Name _____ Birth Date _____ Gender _____
 Mailing Address _____ City _____ State _____ ZIP _____
 Emergency Contact/Relation to Canoeist _____

Day Phone (____) _____ Evening phone (____) _____

If not available in emergency, notify : 1. _____ Phone (____) _____
 2. _____ Phone (____) _____

Health/medical insurance? Carrier _____ Policy/Group # _____ None _____

Inoculation Records (please provide month and year):

DPT series _____ Tetanus booster (most recent) _____ MMR (Measles, Mumps, Rubella) _____ Polio _____
 Chicken Pox _____ Meningitis _____ Hepatitis B _____ Other _____

Health History:

Allergies (especially note allergy to bee stings or medications) _____

Chronic or recurring illnesses/conditions (i.e. ear infections, hay fever, asthma, diabetes, sleepwalking) _____

Operations or serious injuries/dates _____

Mental health or behavioral information _____

Recent exposure to communicable disease _____

Current medication (include detailed disbursement) _____

Other comments _____

Dietary needs (i.e. vegetarian, vegan, food allergy) _____

Restrictions on physical/strenuous activity _____

Parent/Guardian Authorization: This health history form is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities, both on and off site, except as noted in this form. I give the VLM Canoe Guide permission to administer first aid according to his/her training and to administer any prescription medication that is listed on this form, following the directions listed. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to give the necessary medical treatment for my child.

Notification About Risks: VLM takes every reasonable precaution for the safety and enjoyment of every person on a VLM canoe trip. I understand that there are nonetheless inherent risks, which arise due to a combination of factors associated with canoe trips in the BWCAW. In acknowledgement of these inherent risks, I voluntarily assume all risks of injury that the person herein described may sustain while on a trip, provided VLM has exercised reasonable care for the safety and protection of that person. Signature (parent/guardian unless canoeist is 18 years of age or older):

Print Name _____ Signature _____ Date _____

Publicity Waiver: I agree that my photo or my child's may be used for VLM's promotional publications or videos. I waive the right to inspect or approve photos or video footage if used for such purposes. Signature (parent/guardian unless canoeist is 18 years of age or older):

Print Name _____ Signature _____ Date _____