

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_



**Galilee Bible Camp**  
Lake Bronson, MN  
**Medical Release Form**

I, \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_ (Child's Name), who resides at \_\_\_\_\_ (address), city of \_\_\_\_\_, State of \_\_\_\_\_, born \_\_\_\_\_, herein authorize the adult sponsor of Galilee Bible Camp to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis when the need for such treatment is immediate, and efforts to contact us (me) are unsuccessful.

Signed: \_\_\_\_\_  
Daytime phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_  
Emergency contact other than above: \_\_\_\_\_ phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_  
Health Insurance Company/Policy Number: \_\_\_\_\_

Family Physician / Address/Phone: \_\_\_\_\_

Circle any **Medical Allergies, chronic conditions, or medical problems** listed below that apply:

Diabetes      Sleep Walking      Penicillin      Asthma  
Epilepsy      Ear or Throat Infections      Poison Ivy      Other: \_\_\_\_\_  
Heart Problems      Insect stings      Hay Fever      \_\_\_\_\_  
Last Tetanus: \_\_\_\_\_ Activity Limitations: \_\_\_\_\_  
Date of last physical exam: \_\_\_\_\_  
Medications camper is currently taking: \_\_\_\_\_

**NOTE: please leave prescription drugs and instructions with the camp nurse at registration time.**

**Galilee Lutheran Bible Camp**  
Lake Bronson, MN  
**Registration Information**

Name (First, Middle Int., Last) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_  
Home Church: \_\_\_\_\_  
Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_  
Grade Entering: \_\_\_\_ M or F: \_\_\_\_  
Name of one roommate: \_\_\_\_\_  
Parent/Guardians' First and Last Names: \_\_\_\_\_

**Parental Contract:** I give the camp full authority in dealing with health and discipline problems. Furthermore, should it be necessary for the camper to return home, we (I) hereby assume all transportation costs.

**Parental Signature:** \_\_\_\_\_

**Camper Contract:** I have read and understand Galilee Bible Camp Regulations. I agree to do my part to follow them. I further understand that anyone disregarding camp regulations may be sent home at his/her expense. I will comply with the FLY dress code explained on the back. **Camper's Signature:** \_\_\_\_\_

**Make checks payable to: NW MN District Bible Camp**