

2020 High School Retreat

Medical Release Form

I, _____ parent/guardian of _____,

grant my permission for their attendance and participation in Camp Lewtana's 2020 High School Retreat. In the event of a medical situation/emergency, I grant authority to the Camp Directors to make decisions regarding treatment should I be unavailable for granting such permission.

My child has the following allergies:

My child is on the following medications:

(All medication must be turned into the office and will be dispensed from there.)

Is your child up to date on age recommended immunizations? Yes No

Is your child up to date on tetanus? Yes No

Insurance Information:

Company: _____

Policy #: _____

Phone #: _____

Parental Signature: _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Other contact info: _____

Alt. Emergency Contact: _____

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Registration Form

Please mail this form to:

Camp Lewtana
1116 Mill Creek Rd.
Lewistown, MT 59457

Name: _____ Male Female

Age: _____ Birthday: _____ Grade: _____

Address: _____ City _____ ST _____ Zip _____

Parents or Guardian: _____

Phone: _____

Church Affiliation? _____

My child may be released to: _____

My child may NOT be released to: _____

I will not hold Camp Lewtana or its staff responsible in case of accident or sickness.

I understand that our personal insurance is the primary coverage for my child.

I give permission for use of photos or videos of my child in future promotional materials

Parental Signature: _____

As an attendee of the 2020 High School Retreat, I agree to show respect and follow Camp Lewtana's dress code, rules, and policies. I understand that if I fail to do this, I may be asked to return home before the retreat is over. Please refer to the camp rules and dress code on our website: www.lewtana.com.

Attendee Signature: _____