

Dear Group Leader: Please make copies of this health form and hand out to each guest attending. These forms are required for attendance and will be collected on arrival day upon check-in.

Dear Guest: (or parent/guardian of guest under 18)

The group leader is required to bring all forms to the retreat session. Look Up Lodge is required to keep forms on file. Look Up Lodge general staff does not review health information. This form is given to emergency personnel ONLY, if and when needed. Please provide changes upon arrival.

Group/Church Information			Dates of Attendance			
Name						
City, ST			FII 11511.			
Guest Information						
First Time Look Up Lodge G	uest Gender:	Male	Female	Age:		
Guest Name:			Birth Date			
Home Phone	_ Office Phone		_ Cell Phone			
Home Address	Street Address	City	ST	Zip		
Custodial Information for Guests Under 18						
Parent/Guardian Name			_			
		Last	O all Division			
Home Phone(If Different from Above)	_ Office Phone (If Different from Above)		Cell Phone (If Different from Abo	ove)		
Home Address(If Different from Above)						
(If Different from Above) Name of Additional Emergency Contact			ST Relationship	•		
Home Phone						
Insurance Information						
Is guest covered by family medical/hos						
If so, indicate carrier or plan name						
Policy Holder's Name			to patient			
Effective Date of Coverage						
Guest insurance is primary. All medical costs will be filed with above stated insurance provider and/or are the responsibility of the guest or parent/guardian of guest under 18. Look Up Lodge does not pro-						
vide primary insurance. No assumption of such coverage should be made Initial Here						
Please photocopy the front and back of health insurance card and staple it to this form.						
Important Medical & Allergy Information						
Does the patient have any allergies?	Yes No	Date of last Tetanus sho	<u>ot</u>			
Medication allergies		_ Reaction/Management				
Food Allergies		_ Reaction/Management				
Insect stings		_ Reaction/Management				
Dander/Hay Fever/Asthma		_ Reaction/Management				
Nutrition						
The following nutritional restrictions app	oly:					
Red Meat Pork		Poultry	Seafood	l Eggs		
Other (Describe)						

Phone: 864.836.6392

Medications

tion to la	st ALL medications (including over-the-coust during entire stay at Look Up Lodge. Ke cian (if a prescription drug), the name of the	ep medication in original packa	ging/bottle that identifies the prescrib
0.,	_ Guest takes NO medications on a routir	, , , , , , , , , , , , , , , , , , , ,	, ,
Med# 1	Dosage	Specific times taken e	ach day
Reason	or taking		
Med# 2	Dosage	Specific times taken e	ach day
Reason	or taking		
Please a	ttach additional pages for any other medic	cations taken in the last 6 month	S.
	k Up Lodge does not gather or administe consibility of the group leader. Group Lead		
	Please read carefully. This se	ection must be signed in order fo	r guest to attend.
	Guest/Parent/G	uardian Agreement & Liability Rele	ase
It is of Gue tions NOT is ur sona their	expressly desired that guest described he expressly desired that guest described he at is believed to be in satisfactory health a section (i.e. food, drink, activities) must be contained to be contained to be contained and agreed that Look Up Lodge all property or for any bodily injuries (or the retreat session, unless such loss or injury the staff acting within the scope of their em	nd free from communicable dise mmunicated to and are the res at there are certain risks involved e shall not be responsible or legal results thereof) incurred and suff results directly from the negliger	ease. Any participation limita- sponsibility of the group leader, d in the nature of retreat activities. It ally liable for any losses of per- fered by guest in connection with
in th here hosp	al Release e event I (guest or parent/guardian of gue by give permission to the physician select bitalize, secure proper treatment for, order n emergency.	ted bv	(group leader) to
By s any	Release igning consent form, I (guest or parent/gua photos or videos taken of myself/my child ge's discretion in any of their promotional v	for the duration of my/my child's	
	g List Release est or parent/guardian of guest under 18)	give Look Up Lodge permission	to add me to their mailing list.
	tal Agreement (if guest is under 18) e my child permission to attend this retrea ities.	t session at Look Up Lodge and	participate in all camp related
By sig	ning below, I (guest or parent/guardian of guest un	der 18) agree and consent to all above st	ated.
Sign	ature of Guest (or parent/guardian of gues	st under 18)	
Print	ed Name	Relationship	Date
Ema	il address		(personal)
Ema	il address		(office)