



ST. JOHN LUTHERAN CHURCH



104 Central Ave North
Mapleton MN, 56065

Phone: 507-524-3615

Email: stjohnslutheran.mapletonmn@gmail.com

Name of Student: _____ Date of Birth: ____/____/____

Gender: _____ Age: _____ Grade: _____

Parent/Guardian(s): _____

Primary Address: _____

City, State, Zip: _____

Home Phone: (____) _____ - _____ Work: (____) _____ - _____

Cell Phone: (____) _____ - _____ Email: _____

Parent or Guardian Must Agree and Sign:

"I give permission for my child/ren to attend the field trip and take part in the normal activities. I authorize that the adult chaperones on these trips may make any medical decisions in case your child/ren would need necessary emergency medical care. I also give permission for the use of photographs, video, and electronic images including my child for our church promotions."

Parent/Guardian Signature: _____

Health Form

*An examination by a physician is NOT needed, but please complete the following form for St. John Lutheran Church to have on file along with the Chaperones on the trip.

Family Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Secondary Contact: _____ Phone: _____

Relationship to Camper: _____

Allergies: Food/Medication/Insects/Other:	
Epi Pen Needed: (we do not provide epi pens)	Y / N
Dietary Restrictions:	
Please list any routine medications camper staff will have to administer, including dosage and directions:	
Date of last Tetnus shot:	Camper up-to-date on immunizations: Y / N

Is there any other information that we should know about your camper in order to best serve him/her during the trip?

