

## Medical Treatment Authorization for a Minor

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(the "Minor Child"), hereby grant Minnesota Citizens Concerned for Life - Life Leadership  
Camp Staff the authority to obtain medical treatment for my minor child as may be  
appropriate in case of emergency.

This grant of temporary authority shall begin on \_\_\_\_/\_\_\_\_/ 20\_\_\_\_, and end on \_\_\_\_/\_\_\_\_/  
20\_\_\_\_, the duration of Life Leadership Camp.

Minor Child's name: \_\_\_\_\_

Parent's / Guardian's name: \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Release of Liability

While I understand that MCCL Life Leadership Camp staff will take reasonable steps to provide individual care and safety for my child, I am aware that the above-mentioned organization and their staff cannot assume any responsibility for any injury, damage, or harm which might result during the course of participation in any activity connected to MCCL Life Leadership Camp. In consideration of permitting my minor child to participate, I agree that such responsibility will remain with me, as the parent or guardian of my child. Should any claim be asserted by any person, as a result of the acts of my minor child while participating in the activity described above, or traveling to, from or part of such activity, or should my minor child assert any claim against the sponsors, I agree to indemnify and hold the organization and its staff harmless from any such claim including attorney fees and costs incurred in defense thereof.

Parent's / Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Emergency Contact Information

In case of emergency, Life Leadership Camp Staff will try to contact the minor's emergency contacts in the order listed below.

### Emergency Contact #1

Name: \_\_\_\_\_

Relationship to minor child: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_

Relationship to minor child: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Emergency Contact #3

Name: \_\_\_\_\_

Relationship to minor child: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Insurance Information:

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy holder's name: \_\_\_\_\_

**Minor Child's Medical Information:**

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last tetanus booster: \_\_\_\_/\_\_\_\_/\_\_\_\_ or (circle) N/A

Current Medications that Camp Staff and medical personnel should be aware of in case of an emergency:

Prescription:

\_\_\_\_\_

Non-prescription:

\_\_\_\_\_

Please list any allergies and their prescribed medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is bringing medication to camp with them:

Y    N    If Yes, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my child permission to self-administer their medication:

Y    N    Initial:\_\_\_\_\_

I would prefer the camp nurse assist my child in administering their medication:

Y    N    Initial:\_\_\_\_\_

My child is aware that they may not share any medication with other students.

Student signature:\_\_\_\_\_

Initial if you approve of appropriate administration of the following other medications by the camp nurse:

Acetaminophen (initial) \_\_\_\_\_

Ibuprofen (initial) \_\_\_\_\_

Benadryl (initial) \_\_\_\_\_

Tums (initial) \_\_\_\_\_

Pre-existing conditions: Does your child have any existing injuries or conditions that would limit him/her from the camp activities?

Y    N    If Yes, describe:

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Has your child had any hospitalizations, sport, or orthopedic injuries within the last year?

Y    N    If Yes, describe:

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Has your child been diagnosed with any other significant chronic illness (diabetes, heart, epilepsy, etc.) that staff should be aware of?

Y    N    If Yes, describe:

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If not covered above, please list any other medical or mental health conditions or concerns that Life Leadership Camp Staff should be aware of:

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**Minnesota Citizens Concerned for Life (MCCL)**  
**PHOTO RELEASE (MINOR)**

I (We) hereby confer on Minnesota Citizens Concerned for Life (MCCL) the absolute and irrevocable right and permission with respect to the photographs or videos taken of my (our) minor child (children), taken individually or in which they may be included with others:

- a) To copyright the same in its own name or any other name it may select;
- b) To use, re-use, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any legal purpose whatsoever, including (but not limited to) illustration, promotion, advertising and trade and;
- c) I (We) also waive my (our) right to review the context in which the photo(s) are to be used.

I (We) hereby release and discharge MCCL, its affiliated organizations and assigns from all and any claims and demands and causes for action whatsoever ensuing from or in connection with the use of the photographs including, but not limited to, libel and invasion of privacy.

I (We) have read the foregoing and fully understand the contents hereof. I (We) represent that (I am) (we are) the parent(s)/guardian(s) of the below named minors(s) and I (we) hereby consent to the foregoing on their behalf.

Minor's Name(s): \_\_\_\_\_  
PRINT

Parent/Guardian Name(s): \_\_\_\_\_  
PRINT

Signature 1: \_\_\_\_\_

Signature 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Life Leadership Camp Rules:**

*Parents, please go over these rules with your student and sign at the bottom of the next page. By signing, both parent and student acknowledge the authority of MCCL staff to enforce the following rules to ensure the safety and well-being of students attending Life Leadership Camp.*

### **1. Be Safe**

- Water activities (swimming, kayaking, canoeing, paddleboats, etc.) must only be done with a Koronis Ministries lifeguard on duty (1-5 pm).
- If you are using kayaks, canoes, paddleboats, etc., you must stay within the marked buoys, and
- If you are using water equipment (kayaks, canoes, paddleboats, etc.) you ABSOLUTELY MUST wear a life jacket provided by Koronis Ministries.
- Let a group leader know if you are going to the waterfront, gym, or ball field.
- Smoking, alcoholic beverages, illegal drugs, fireworks, and firearms are prohibited.
- Boys shall not go into girls' dorm rooms or restrooms, and girls shall not go into boys' dorm rooms or restrooms—no exceptions. No male students on the second floor after Quiet Time (10:30 pm) or before breakfast, and no female students on the first floor after Quiet Time (10:30) or before breakfast. Students MUST be fully clothed at ALL TIMES when outside of dorm rooms and restrooms.
- Pine Lodge has a men's room and a ladies' room on each floor. Boys can use either men's room, and girls can use either ladies' room, EXCEPT after Quiet Time (10:30 pm) or before breakfast, when male and female students must be on separate floors.

### **2. Be Respectful**

- Attending sessions is a requirement. If you cannot attend, you must be excused by a group leader or the nurse.
- Cell phones, iPads, tablets, and e-readers must be turned off during sessions.
- Listen to and obey group leaders if they ask you to do something. They are giving their time to help make your experience at Life Leadership Camp a success.
- Be respectful of others—fellow students, guest speakers, and other people and groups at Koronis Ministries.
- Be respectful of the grounds, dining area, dorm rooms, and buildings (throw away garbage, pick up after yourself, put sports equipment away, etc.)
- Koronis Ministries' quiet hours are from 11 pm to 7 am. You must be in Pine Lodge and in your dorm room by 11 pm.

- No dirty jokes, foul language, or rude/inappropriate behavior will be tolerated.
- Dress code: respectful, modest, casual clothing for warm and cool weather.

### 3. Be Kind

- If you notice someone who is alone and needs a friend, be that friend!
- While you are allowed to have your phones at camp, please don't be glued to them. Choose people over phones!
- Be creative in the ways you encourage others.

*I understand that failure to follow camp rules, and any type of belligerent or disruptive behavior, will result in a call to my parents and dismissal from camp, as will any type of illegal behavior.*

**I understand and agree to the rules listed above:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
STUDENT SIGNATURE DATE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARENT SIGNATURE DATE

If you have any questions or concerns, please let us know. We want to help you have a great time at Life Leadership Camp!