



MN NATIONAL GUARD YOUTH CAMPS Physician Form

211 North McCarrons Blvd. Roseville, MN 55113 • Phone: 763-670-1251 • Fax: 651-558-2340

Applicant's Full Name (print please): _____

Physical Exam (check one of the following):

- This is a new Application. The below portion has been completed by License Medical Personnel.
- A copy of the applicant's last physical exam is on file, and there have not been any changes in the applicant's health since last summer National Guard Youth Camps. (Good for 24 months)
The date of the last physical exam was: _____ / _____ / _____
- There have been changes to the applicant's health. A copy of a signed exam form has been provided or the below portion has been filed out and signed.

Note; If a physical form signed by camper's health care provider, is not on file from the previous year camps, documentation of a recent physical exam must be submitted.

**THIS PORTION (OR AN EQUIVILANT SIGNED PHYSICAL EXAM FORM) NEEDS TO BE COMPLETED EVERY TWO YEARS BY A LICENSED MEDICAL PERSONNEL AND SUBMITTED BY JUNE 30th FOR CAMP PARTICIPANT TO ATTEND!
*** NO EXCEPTIONS *****

Dr. _____ examined this individual on: _____ / _____ / _____

Blood Pressure _____ Weight _____ Height _____

In the Doctor's Opinion, the above applicant is able to participate in a physically camp program without restrictions (please check one):

YES NO

If not, please explain why: _____

Signature of Licensed Medical Personnel (MD, PA or NP): _____	
Printed: _____	Date: _____
Address: _____	
Phone: _____	Date: _____



MN NATIONAL GUARD YOUTH CAMPS

Health History/Exam Form

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Applicant's Full Name (print please): _____

**THIS HEALTH HISTORY MUST BE COMPLETELY FILLED AND SUBMITTED BY
JUNE 30th IN ORDER FOR THE CAMP PARTICIPANT TO ATTEND.**

****** NO EXCEPTIONS ******

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. This Health history must be filled out by the legal parents or guardians. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs. Update required annually.

Applicant's Full Name: _____ Age: _____

Birth Date: ____ / ____ / ____ Gender: Male Female

Parent/Guardian: _____

Address: _____ City: _____

State: ____ Zip: ____ Phone: H: ____ W: ____

Emergency Contact Information (If Unable to contact Parent/Guardian)

Name: _____ Relationship: _____

Phone: H: _____ W: _____

Name: _____ Relationship: _____

Phone: H: _____ W: _____

AUTHORIZATIONS

This health history form is complete and correct to the best of my knowledge. I hereby give authorization for the medical personnel select by the camp director to provide routine health care, administer prescribed and over-the-counter medications, and seek emergency medical treatment including x-rays and routine tests.

In the event of an emergency involving my child I understand that every effort will be made to contact me. In the event that I or my emergency contact cannot be reached, I authorize the physician to administer treatment including hospitalization, medications, and emergency surgery and anesthesia.

I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange necessary related transportation for me (camp volunteer) or my child.

This completed form may be photocopied for treatment out of camp.

Signature of parent or legal guardian: _____

Printed Name: _____ Date: _____

Applicant's Full Name (print please): _____

DO YOU HAVE ANY ALLERGIES (MEDICATION, FOOD, ENVIRONMENTAL)?

	Allergy	Reaction	Treatment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

** If the camper requires a bee sting kit, he/she must bring it to camp.**

CURRENT MEDICATIONS:

	Medication	Dose	Reason for taking
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

** All medications must be brought to camp in original container labeled with camper's name, medication, does, and administration instructions. Campers will bring enough medication for the duration of camp.**

Are Immunizations up to date? Y / N

Annotate Dates the Following Immunizations Were Give:

Measles _____ Mumps _____ Chicken Pox _____

German Measles _____ Hepatitis A _____ Hepatitis B _____

TB Test _____

Does the Camper have any restrictions?

Dietary: _____

Activities: _____

Applicant's Full Name (print please): _____

I understand and agree to abide by any restrictions placed on my camp participation.

Signature of camper or volunteer: _____



MN NATIONAL GUARD YOUTH CAMPS

Teen Camper Consent Form

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Applicant's Full Name (print please): _____

Approval of Parent or Guardian:

- I certify that I am the legal parent or guardian of the child listed on this application.
- My child may participate in all activities. If not, then I will provide a written explanation as to what activity is not allowed and the reason why.
- My child's sponsor or I will attend camp's orientation with my child on the first day of camp (Sunday).
- A predetermined representative or I will pickup my child immediately after the conclusion of the closing ceremonies on Saturday.
- I give my permission for the release of my child's name, address and phone number to be provided to fellow campers and staff for the purpose of future communications. It will not be sold or distributed for any other use. Any photos or videos may be used for the promotion of the Minnesota National Guard Teen Camp.
- I also understand that if these records contain false information or false information has been given to secure my child a place in camp, the camper may be asked to leave.
- I hereby waive any claim against the Minnesota National Guard, the Department of Military Affairs, the State of Minnesota, the United States of America, or the Minnesota National Guard Youth Camps for any causes that may arise in connection with the participation of _____
(Campers Name).
in the Minnesota National Guard Teen Camp

I have read and agree to the above:

Signature of Parent or Guardian: _____

Date: _____

Teen Camp Packing List

(PLEASE mark all item's with Campers Name)

Clothing Items

(Bring Old Destroyable Clothes)

Shirts (8) All shirts brought to camp are expected to cover the shoulders and extend over the campers pants or shorts. (NO tank, muscle, spaghetti strap or bare midriff shirts)

- _____ Shorts (4) **(not overly short)**
- _____ Long pants/jeans (4)
- _____ Socks (10 pair)
- _____ Sweatshirts (2), one should have a hood
- _____ Swimsuit (1) **(ONE PIECE ONLY)**
- _____ Pajamas (2 pair)
- _____ Underwear (8 pair)

Toiletry Items

- _____ Bath towels
- _____ Washcloths
- _____ Toothpaste/Toothbrush
- _____ Sanitary napkins or tampons
- _____ Soap and Shampoo (In Plastic Container)
- _____ Comb or brush
- _____ Deodorant

General Items

- _____ Sleeping bag
- _____ Camera (disposable)
- _____ Rain gear (No Umbrellas)
- _____ Beach towel (1)
- _____ Sport strap for glasses
- _____ Light jacket/wind breaker (1)
- _____ Tennis shoes, must have laces (2 pair, one old pair to wear in the lake)
- _____ Bicycle Helmet (Youth Camp will provide if you don't have one)
- _____ Padlock (with 2 keys)
- _____ Pillow
- _____ Flashlight (disposable if possible)
- _____ Baseball or softball glove
- _____ Suitcase or duffel bag

WHAT NOT TO BRING TO CAMP!!!!!!

!!You will be asked to leave Camp if any of these items are found!!

- | | |
|---|---|
| Knives or weapons of any kind | Jewelry (No piercings) |
| Tobacco or alcohol products | Electronic games, Radio, Television, |
| Fireworks | Pagers or Cell phones of any kind |
| Matches, lighters, or candles | Rollerblades/ Skateboard |
| Sandals, open-toed or open backed shoes | Bicycle |
| Razor / Shaving Items | |
| Make-up | |
| Pets | Perfume or cologne (attracts bugs!) |
| Hair spray/hair dryer/curling iron | Insect repellent or Sunscreen (will be provided by camp) |
| Medication (other than prescription) | No personal weapons authorized at camp |
| Hair sprays, hair dryers/curling irons | |
| Candy, snacks or gum (They will be provided on a controlled basis – don't want to attract unwanted visitors) | |

General Notes:

One foot locker with hasp will be available for each camper in the cantonment area. You will need a padlock with two keys. One will be kept in an envelope in the office in case you lose the other. You may want to send about \$15 spending money. Strongly recommend that two pairs of shoes be brought to camp as one pair will get wet. All prescription medications must be turned in to the medical support personnel during in-processing! They must also be in the original bottle with the doctor's instructions and dosage.