

**NORTHERN PINES OF MINNESOTA  
SUMMER CONFERENCE  
HEALTH INFORMATION RELEASE  
(PARENTS NOT AT THE CONFERENCE)**

<b>2009</b>	
Week 1	Week 2
Program: _____	

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Grade next fall: \_\_\_\_\_ Host Family at Conference: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: Day (\_\_\_\_) \_\_\_\_\_  
 Evening (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**EMERGENCY CONTACT:** If unable to reach parents at above phone number(s), contact:

_____	_____	(____) _____
Name	Relationship	Phone
_____	_____	(____) _____
Name	Relationship	Phone

**HEALTH INFORMATION:** Indicate any special health considerations of which our program staff should be aware. These include allergies or other conditions which might need attention at the conference. List any medication to be taken while at the conference:

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

Reasonable effort will be made to reach you in the event of an accident or illness involving your child who requires medical attention. If you cannot be reached, your signature on the following release will ensure prompt care:

**MEDICAL INSURANCE INFORMATION: (Each person should carry a copy of proof of insurance)**

**Medical Insurance Provider:** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_

**Name of insured person:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Policy/Group/Account Number:** \_\_\_\_\_ **I.D. Number:** \_\_\_\_\_

“As parents/guardians of \_\_\_\_\_, we authorize the staff, officers or directors of Northern Pines of Minnesota, Inc. or any licensed physician or nurse who may be in attendance to act as our agents in arranging for and consenting to any medical care or attention which may be required or seem appropriate while \_\_\_\_\_ is at a Northern Pines Conference activity.”

It is understood that this authorization is given in advance of any specific medical attention being required, and is given to provide Northern Pines and its representatives with the authority to act on our behalf.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Northern Pines of Minnesota, Inc. would like anyone interested in the Northern Pines Conferences to attend and actively participate in the program. However, some disabilities might interfere with participation in the multifaceted program, conducted in terrain and some buildings with limited accessibility. Adults and parents of children with physical, mental or emotional disabilities requiring special care, attention or facilities, should contact Northern Pines for a copy of our handicap policy.