

Emergency Medical Authorization and Liability Release
2025 Minnesota Girls' Statewide Campout
Friday – Sunday, September 19-21, 2025
The Woods at Lake Placid (4503 Red River Trail, Pillager, MN 56473)
Please print all information

Child's Name: _____ Age: _____ Birthdate: _____

Parent/Guardian's Name: _____

Relationship to child: _____

Address: _____

Parent Phone Number(s): _____

Other Emergency Contact Name & Phone Number: _____

Allergies: _____

Medication(s) being taken: _____

(All medications need to be in original containers with dosage information)

Date of last Tetanus Shot: _____

Physical Impairments (Heart, epilepsy, etc.): _____

These may be given if needed: _____ Tylenol, _____ Ibuprofen, _____ Throat Lozenges, _____ Benadryl

Other pertinent facts to which the physician should be alerted: _____

Insurance Co: _____ Policy No: _____

Medical/Dental and Liability Release: I confirm that I am the legal parent and/or guardian of the minor named on this form. You have my permission for my child to attend the Girls Statewide Campout and participate in all of the associated activities. I, acting on my own behalf, also release the Minnesota District Council of the Assemblies of God and/or the church my daughter is attending with, The Woods at Lake Placid Campgrounds, its agents, assigns, staff, and employees as well as volunteer workers, from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of any participation in the camping program and associated activities. I am aware of the risks associated with participating in camping activities and transportation, and I accept my child's participation with full awareness of these risks. I give my permission for the adult chaperones to treat my child in the event of a minor illness or minor injury. In the event that my child is injured while attending Girls Statewide Campout, I consent to any reasonable treatment as deemed necessary by the camp leadership, a licensed physician or dentist, and hospital personnel. In case of emergency, and when I am unable to be contacted, I hereby give my permission to the local physician select by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. Additionally, I affirm that the insurance information provided is accurate at this date and will still be enforced for the duration of this year.

Image Release: I authorize the Minnesota District Council of the Assemblies of God, The Woods at Lake Placid campgrounds, and/or the church my daughter is attending with to use my child's likeness in photographs or video in any and all of its publications in any and all other media. I will make no monetary or other claim against any of the afore-noted organizations for the use of such photographs or videos.

Signature: _____ Date: _____

If the church is carpooling to the event, make sure the form is in the car that the child is riding in. DO NOT KEEP ALL THE FORMS TOGETHER IF CARPOOLING. The adult in charge will keep the forms during the event. Bring a copy of this form to turn in at check-in.