

Dear Guest or parent/guardian of guest under 18:

The group leader is required to bring all forms to the retreat session. Look Up Lodge is required to keep forms on file. [Look Up Lodge general staff does not review health information](#). This form is given to emergency personnel ONLY, if and when needed. Please provide changes upon arrival.

Group/Church Information

Name Hebron Church

City, ST Dacula, GA

Dates of Attendance

Start: July 18, 2008

Finish: July 20, 2008

Guest Information

First Time Look Up Lodge Guest Gender: Male Female Age: _____

Guest Name: _____ Birth Date _____
First Middle Last

Home Phone _____ Office Phone _____ Cell Phone _____

Home Address _____
Street Address City ST Zip

Custodial Information for Guests Under 18

Parent/Guardian Name _____
First Middle Last

Home Phone _____ Office Phone _____ Cell Phone _____
(If Different from Above) (If Different from Above) (If Different from Above)

Home Address _____
(If Different from Above) Street Address City ST Zip

Name of Additional Emergency Contact: _____ Relationship _____

Home Phone _____ Office Phone _____ Cell Phone _____

Insurance Information

Is guest covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Policy Holder's Name _____ Relationship to patient _____

Effective Date of Coverage _____

Guest insurance is primary. All medical costs will be filed with above stated insurance provider and/or are the responsibility of the guest or parent/guardian of guest under 18. Look Up Lodge does not provide primary insurance. No assumption of such coverage should be made. _____ **Initial Here**

➤ [Please photocopy the front and back of health insurance card and staple it to this form.](#)

Important Medical & Allergy Information

Does the patient have any allergies? Yes No [Date of last Tetanus shot](#) _____

Medication allergies _____ Reaction/Management _____

Food Allergies _____ Reaction/Management _____

Insect stings _____ Reaction/Management _____

Dander/Hay Fever/Asthma _____ Reaction/Management _____

Nutrition

The following nutritional restrictions apply:

Red Meat Pork Dairy Poultry Seafood Eggs

Medications

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last during entire stay at Look Up Lodge. Keep medication in original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

____ Guest takes NO medications on a routine basis ____ Guest takes medications as follows:

Med# 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med# 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Please attach additional pages for any other medications taken in the last 6 months.

Look Up Lodge does not gather or administer guest medications. These as well as dietary restrictions are the responsibility of the group leader. Group Leader must be aware of these meds/restrictions. ____ **Initial Here**

Guest/Parent/Guardian Agreement & Liability Release

Liability Release

It is expressly desired that guest described herein be an active participant in the activities of their retreat session. Guest is believed to be in satisfactory health and free from communicable disease. **Any participation limitations (i.e. food, drink, activities) must be communicated to and are the responsibility of the group leader, NOT Look Up Lodge staff.** It is understood that there are certain risks involved in the nature of retreat activities. It is understood and agreed that Look Up Lodge shall not be responsible or legally liable for any losses of personal property or for any bodily injuries (or the results thereof) incurred and suffered by guest in connection with their retreat session, unless such loss or injury results directly from the negligent or willful act of any Look Up Lodge staff acting within the scope of their employment.

Medical Release

in the event I (guest or parent/guardian of guest under 18) cannot be reached or am rendered unconscious, I hereby give permission to the physician selected by _____ (group leader) to hospitalize, secure proper treatment for, order injections, anesthesia and/or surgery for myself/my child in case of an emergency.

Photo Release

By signing consent form, I (guest or parent/guardian of guest under 18) am giving Look Up Lodge permission for any photos or videos taken of myself/my child for the duration of my/my child's stay to be used at Look Up Lodge's discretion in any of their promotional venues.

Mailing List Release

I (guest or parent/guardian of guest under 18) give Look Up Lodge permission to add me to their mailing list.

Parental Agreement (if guest is under 18)

I give my child permission to attend this retreat session at Look Up Lodge and participate in all camp related activities.

By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.

Signature of Guest (or parent/guardian of guest under 18) _____

Printed Name _____ Relationship _____ Date _____

Email address _____ (personal)

Email address _____ (office)

Please read carefully. This section must be signed in order for guest to attend.