



Year: _____
<input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Both
Program: _____

Health Information Release

Please mail completed and signed form with attachments to Northern Pines, PO Box 1864, Minnetonka, MN 55345 by July 10th.
If deadline has passed, please send with your child/host family to present at registration.

Student Information

Name: _____ Gender: Male Female
First Last

Address: _____
Street City State Zip

Host Family at Conference: _____ Grade This Fall: _____ Birthdate: ____/____/____ Age: _____

Parental/Guardian Information

Name: _____ Best Phone #: _____

Name: _____ Best Phone #: _____

Address: _____
Street City State Zip

Emergency Contacts *If unable to reach parents at above phone number(s), please contact:*

Name: _____ Relationship: _____ Best Phone #: _____

Name: _____ Relationship: _____ Best 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. If more space is needed, please continue on the back.*

Insurance Information *Please attach a copy of your medical insurance card with this form.*

Medical Insurance Provider: _____

Address: _____
Street City State Zip

Policy/Group/Account #: _____ ID #: _____

Name of Insured Person: _____ Relationship to Student: _____

Medical Release *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.*

"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