

## HEALTHCARE INFORMATION



Camper Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Health Insur. Co.: \_\_\_\_\_ Pol. #: \_\_\_\_\_

(Parent's health insurance must pay for illness that is treated while the child is at camp. Our camp carries limited accident insurance which pays for the cost of treating an accident if the parent's insurance does not.)

### Health History (Please check all that apply.)

- Ear Infection
- Strep Throat
- Asthma
- Special Diet
- Bowel Problem
- Diabetes
- Heart Problem
- Other: \_\_\_\_\_
- Bed-wetting
- Respiratory Problem
- Epilepsy

Allergies: \_\_\_\_\_

Medications: (Include Name, Dosage, Instructions)

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

Medications must be labeled and in original container. Meds will be turned in to the camp nurse at registration.

### Consent to Medicate:

May the camp staff give Tylenol or non-aspirin product as needed for headache/pain?  Yes  No

May the camp use calamine lotion for bug bites or antibiotic ointment and/or hydrogen peroxide as needed for cuts, burns, etc.?  Yes  No

Date of Last Immunization: Actual Date (Month/Date)

DTP/Tetanus (Date) \_\_\_\_\_ MMR (Date) \_\_\_\_\_

### I hereby:

- Affirm there is no need for a doctor's examination prior to camp based on current health or that such an exam will be obtained with recommendations supplied to camp staff.
- Authorize camp staff to give medications based on the above instructions.
- Authorize qualified camp personnel to give emergency medical care and determine the need for a physician's service.
- Release Miracle Bible Camp, its staff and volunteer workers from any liability or claims which may arise related to my child's participation in programs or trips sponsored by Miracle Bible Camp.

Your signed registration provides Miracle Bible Camp the authorization to use photos and videos of your child for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Non-Profit  
U.S. Postage  
Permit #11  
Longville, MN  
56655

# Trust Your Sword!

MIRACLE BIBLE CAMP

P.O. Box 450  
Longville, MN 56655

Address Service Requested



Jr/Sr High Retreat  
Jan 4-6, 2019



# Winter Whiteout!

# Winter Whiteout!



## Jr/Sr High RETREAT (Grades 7-12)

Fri Jan 4 (4:00-5:00 PM Registration)

to Sun Jan 6 (2:00 PM Close)

Crazy Games

Pizza

Worship Together

Tubing

Winter Fun

Broomball

Bible Study

Camp Fire

**\$5**

Black  
Friday  
Special

Camp Store Credit if  
Registered by 11/24!

Just

**\$70**



**"Trust Your Sword!"** Greg Rhodea, Pastor of Grace Bible Chapel in Grand Rapids, will show you that you can depend on the Sword of the Spirit, the Word of God, to be your trustworthy and only guide to life. You know you want to be here!

Meet up with your friends! Do fun stuff! Freeze out boredom! Eat great food! Worship God and learn to know Him better! **SIGN UP NOW!** Register and pay **ON-LINE** or fill out the Registration Slip/Camper Health Information sheet and mail it in! Go to [www.miraclebible.com](http://www.miraclebible.com) for more information.

For more information or to make reservations, call the camp:

Doug – (218) 682-2714

Dan – (218) 929-1060

Bring bedding, towel and toiletries, **warm clothes**, Bible, notebook, friends, great attitude!



## WINTER WHITEOUT 2019 REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Ph \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_

Grade

Email \_\_\_\_\_

Church \_\_\_\_\_

Roommate Req. \_\_\_\_\_

### Let Us Know Your Plans:

Retreat Fee \$70

Special Diet: \_\_\_\_\_ Gluten-Free  
 \_\_\_\_\_ Diabetic  
 \_\_\_\_\_ Lactose-Intolerant

**Signed Healthcare Information Form MUST be submitted to complete this registration.**  
**Mail this form, call or email to:**

### Miracle Bible Camp

P.O. Box 450

Longville, MN 56655

Phone: (218) 682-2714

Email: [mbcamp@uslink.net](mailto:mbcamp@uslink.net)

or: [www.miraclebible.com](http://www.miraclebible.com)