HEALTHCADE INICODMATION

□ Asthma □ Heart Problem □ Epilepsy □ Special Diet □ Other: Allergies: Medications: (Include Name, Dosage, Instructions) Medications must be labeled and in original container. Meds be turned in to the camp nurse at registration. Consent to Medicate: May the camp staff give Tylenol or non-aspirin product as neede headache/pain? □ Yes □ May the camp use calamine lotion for bug bites or antibointment and/or hydrogen peroxide as needed for cuts, burns, or □ Yes □ Date of Last Immunization: Actual Date (Month/Date) DTP/Tetanus (Date) □ MMR (Date) I hereby: 1. Affirm there is no need for a doctor's examination prior to cobased on current health or that such an exam will be obtated with recommendations supplied to camp staff. 2. Authorize camp staff to give medications based on the all instructions. 3. Authorize qualified camp personnel to give emergency mecare and determine the need for a physician's service. 4. Release Miracle Bible Camp, its staff and volunteer wor from any liability or claims which may arise related to my charticipation in programs or trips sponsored by Miracle Bible Camp. Your signed registration provides Miracle Bible Camp authorization to use photos and videos of your child promotional purposes.		HEAL	I HCARE INF	ORIVIATION		
Pol. #:	Cam	per Name:				
(Parent's health insurance must pay for illness that is treated while the child camp. Our camp carries limited accident insurance which pays for the cost of trean accident if the parent's insurance does not.) Health History (Please check all that apply.) Gar Infection	Fami	ly Doctor:				
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□ Ear Infection □ Bowel Problem □ Bed-wetting □ Strep Throat □ Diabetes □ Respiratory Proble □ Asthma □ Heart Problem □ Epilepsy □ Special Diet □ Other: Allergies: Medications: (Include Name, Dosage, Instructions) Medications must be labeled and in original container. Meds be turned in to the camp nurse at registration. Consent to Medicate: May the camp staff give Tylenol or non-aspirin product as neede headache/pain? □ Yes □ May the camp use calamine lotion for bug bites or antibointment and/or hydrogen peroxide as needed for cuts, burns, e □ Yes □ Date of Last Immunization: Actual Date (Month/Date) DTP/Tetanus (Date) □ MMR (Date) □ I hereby: 1. Affirm there is no need for a doctor's examination prior to compassed on current health or that such an exam will be obtated with recommendations supplied to camp staff. 2. Authorize camp staff to give medications based on the all instructions. 3. Authorize qualified camp personnel to give emergency mecare and determine the need for a physician's service. 4. Release Miracle Bible Camp, its staff and volunteer worn from any liability or claims which may arise related to my charticipation in programs or trips sponsored by Miracle Is Camp. Your signed registration provides Miracle Bible Camp authorization to use photos and videos of your child promotional purposes.	camp.	. Our camp carrie	es limited accident insurar			
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	auth	orization to	use photos and			
Parent/Guardian Signature: Date:				Date:		

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

N2 - Jr High!

Winter Whiteout

December 29-31 WW1 - Senior High! (Grades 9-12)

(Grades 7-9)

Jan 5-7

Winter Whiteou

Longville, MN 56655

P.O. Box 450

MIRACLE BIBLE CAMP





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

to Sun (2:00 PM Close)

Crazy Games
Worship Together
Winter Fun
Bible Study

Great Food Tubing Broomball Campfire





WW1 - Grades 9 to 12 December 29-3 1

Levi Magruder is the pastor of Northland Alliance Church (Remer). He loves helping people get to know Jesus or get to know him better. Come ready to learn and grow





WW2 - Grades 7 to 9 January 5-7

John Brooks has been part of the Miracle Bible Camp staff for several years, and it's about time you hear from him! He loves sharing the love of Christ with young people! \$100 If Registered by Dec. 1 \$115 after Dec. 1



<u>Bring</u> bedding, towel and toiletries, Bible, notebook, flashlight, a little camp store cash, friends, and a great attitude!

WINTER WHITEOUT REGISTRATION

☐ WWI (9 TH -12 TH) ☐ WWII (7 TH -9 TH)						
Name						
Address						
	City					
Ph		Zip				
Email						
Church						
Roommate Req						
Let Us Know Your Plans:						
Retre	at Fee	\$100 if Registered by Dec. 1 \$115 after Dec. 1				
Speci	al Diet:	Gluten-Free Diabetic Lactose-Intolerant				
MUST	be submitt ation. Mai	re Information Form ted to complete this il this form, call or				

Miracle Bible Camp

P.O. Box 450

Longville, MN 56655 Phone: (218) 682-2714 Email: mbcamp@uslink.net

or: www.miraclebible.com