



Hosted Retreat Packet Lutheran Memorial Camp Camp Luther



Bringing people together to experience Christ
through natural settings and programs.

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LOMO User Group Guidelines



Please read this document in its entirety prior to your arrival.
Some of the information should be shared with your group participants prior to the event.

LOMO is pleased you are coming to one of our camps (Lutheran Memorial Camp or Camp Luther) for an upcoming event and we want your time with us to be as enjoyable and meaningful as possible. Please take time to review this information and call us if you have any questions. We want to make your planning easy and stress-free, so don't hesitate to let us know how we can assist you.

COVID-19 User Agreement

The Novel Coronavirus is extremely contagious. LOMO has put safeguards in place but there is no way to guarantee COVID-19 will not occur through participation in LOMO programs, facilities and grounds.

We require the group leader read, sign and return the **LOMO User Agreement in Light of COVID-19 to the Registrar with their signed contract, or within 10 days if you have already returned your signed contract.**

Furthermore, the group leader is responsible to distribute the enclosed **Individual and Family Release Form COVID-19 Waiver of Liability and Indemnity Agreement** to every participant. **Submit the signed releases upon arrival at camp.**

Facilities

LMC - Each group will be assigned a building for lodging and an emergency shelter. Please do not use any other facilities during your stay at camp to prevent the spread of the coronavirus from asymptomatic people.

Luther - Each group will be assigned a cabin, an emergency shelter, and part of a shower house. If you are the only group in camp you may use the lodge for recreation; if there is more than one group in camp you will be assigned a portion of the lodge. Please do not use any other facilities during your stay at camp to prevent the spread of the coronavirus from asymptomatic people.

Health and Safety

The group is responsible to provide first aid, emergency care, and dispensing medications for your members. The group leader is responsible for securing, controlling, and dispensing all medications. All medications are to be kept locked and only dispensed by the group leader, parent or self-administered in the case of adult participants. Each group should bring a first aid kit and hand sanitizer. LOMO recommends that you provide at least one person certified in first aid and CPR.

Group leaders are advised to bring current health and insurance information for each participant to camp. Group leaders keep this information with them in case of emergency. LOMO health forms are enclosed as a sample to modify for your use. Similar facsimiles are permitted; at a minimum the health history should include name and address of participant, emergency contact names and phone numbers, a listing of known allergies and health conditions that require treatment/restriction/other accommodation, health insurance information including policy number, and a parent's or legal guardian's signature to seek emergency treatment for the minor.

All groups are required to have non-emergency transportation available during your stay. Call 911 if emergency medical attention is needed; notify the LOMO emergency contact to give a report of the emergency needing medical attention.

Groups Preparing Their Own Meals (if applicable)

Your group assumes all responsibility for any foods prepared and for all activities related to the preparation and clean-up. Cooking and food preparation are permitted only in designated areas. Please plan to bring all supplies you will need to prepare, store and serve your own food.

LMC - there are limited kitchenettes in Priebe, Spring Run, Shepherds Fold and the Health Center. Contact camp directly, prior to your arrival, if you have questions about available resources.

Luther - Groups are not allowed to use the Camp Commercial Kitchen unless they contracted its use prior to the Coronavirus Pandemic. Each group will be assigned a campfire to do their cooking. Prior to your arrival contact camp directly if you have questions about available resources.

Food Service (if applicable)

Food Allergies and Restrictions: LOMO will make every attempt to accommodate common food allergies and dietary restrictions. Group leaders are responsible to collect this information from individual retreat participants at least two weeks prior to the event. Group leaders are asked to complete the enclosed **Dietary Restrictions Form** and return it directly to camp at least two weeks prior to arrival. Participants with restrictive diets may be asked to bring some items to supplement the camp's food service. If you have questions, please contact camp in advance.

Meal Times: Grace is prayed at each meal and groups are invited to lead. Participants are also asked to assist with table setting and clean-up. General meal times are outlined below. Snacks are provided each evening for groups staying over night.

| Meal | LMC | Luther |
|---------------|--|----------|
| Breakfast | 8:30 am | 8:00 am |
| Lunch | 12:30 pm | 12:00 pm |
| Dinner (M-Th) | 5:30 pm | 5:30 pm |
| Friday Dinner | 6:00 pm | 6:00 pm |
| Sunday Meals | All Sunday meals served per contracted agreement | |

Property

Help us maintain a safe, clean camp environment. Groups will be held liable for any damage during their stay to property, equipment or land. An additional fee may be assessed for any damage or additional cleaning needed due to excessive mess to the property. The use of nails, screws, tacks, staples and duct tape is not allowed on any surface. If hanging items, we suggest the use of 3M type products, or other non-marking materials. Your group is responsible for taking down anything you post, including the removal of tape. Please conserve energy by turning off lights and appliances when not in use. Ensure windows are closed when heat or air conditioning are in use. Close doors when exiting a building. Recycle whenever possible.

Smoking: Smoking is not permitted inside any building. Adults may smoke outdoors in designated areas. Please deposit extinguished butts in receptacles.

Trails and Land Use: LOMO has hundreds of acres of beautiful forest, fields, ponds and streams that we invite you to enjoy. Weather and other factors may make some trails dangerous or impassable at times. Be sure that everyone in the group has appropriate footwear. Use designated trails and always travel with another person. Inform someone when you begin your hike and when you return. Be good stewards of God's creation; resist the temptation to carve trees, pick flowers or cut live branches.

Parking and Vehicles: Please use designated parking lots. Please observe the 10 mph speed limit in camp. Please do not let passengers ride in the bed of pick-up trucks.

Phones and Internet: Cell phone reception is sometimes difficult. Wi-fi is available at specific locations, although it is not always reliable in the camp setting. One of the great aspects of camp is being renewed in a place apart from the day to day pressures of life.

Campfires and Other Fire Information

Adhere to all fire safety precautions and extinguish the fire completely prior to it becoming unattended. Note that occasionally burn restrictions are in place and the local fire marshal prohibits the building of campfires. Candles are not permitted in sleeping areas or cabins. If candles are used in meeting spaces, precautions must be taken to avoid wax spilling on floors or other hard surfaces.

Orientation

There will be a welcome packet of information available in your assigned building for lodging. This will include important emergency procedures and other helpful information.

Alcohol

Groups wishing to use alcohol at camp, other than communion wine, need to complete the enclosed **Request for Use of Alcohol at a LOMO Camp** form. Complete and send it directly to the LOMO Registrar 30 days prior to your event. Only the LOMO Executive Director, or in her absence the Camp Director, may grant permission to use alcohol.

Quiet Hours

Please adhere to quiet hours between 11 pm and 7 am out of respect for property neighbors and other groups in camp.

Supervision for Youth Groups

The group leader and accompanying adult chaperons are responsible for the supervision of all participants at all times during their stay at camp. To minimize the risk of personal injury, please provide and maintain adult supervision for all participants under age 18 according to the following ratios:

- Ages 4 to 5; one supervisor to every five participants
- Ages 6 to 8; one supervisor to every six participants
- Ages 9 to 14; one supervisor to every eight participants
- Ages 15 to 18; one supervisor to every ten participants

Chaperons should never be one-on-one with a camper under the age of eighteen when out of sight of others. Chaperons should be trained and made aware to avoid situations where they might become one-on-one with a camper. This includes restroom and shower protocols, the health care setting, special needs campers requiring personal assistance, desire or need for 1:1 conversations and the program design. Methods to consider include operate with "rules of threes" with two supervisors present always, maintain auditory or visual range if a situation does require 1:1 interaction, provide settings that are in visible sight of others yet not in the "middle of it all."

Criminal Background Check

LOMO recommends the group leader complete a National Sex Offender Registry and criminal background check for each adult supervising youth.

Final Payment

The LOMO Registrar will send a final invoice prior to your event. Prompt attention to paying the balance due prior to your retreat is appreciated.

***Thank you for your cooperation in making camp safe and enjoyable for everyone.
We look forward to your visit and thank you for choosing LOMO for your "place apart"!***



LOMO User Agreement in Light of COVID-19

Return to Registrar with contract or within 10 days if signed contract previously returned.



Individual and Family Release Form/COVID-19 Waiver of Liability

Submit signed form on arrival for each person attending.



Health Forms and First Aid Kit

Bring completed LOMO health form or similar facsimile and First Aid Kit with you to camp.



Dietary Restrictions

If applicable, return directly to camp 14 days in advance.



Alcohol Use Request

If applicable, return to Registrar 30 days in advance.

What to Bring

- Bedding and towels
- Soap and personal toiletries
- Clothing (layers are recommended, pack items that can get wet and dirty) including pajamas
- Shoes (closed toed shoes are recommended when hiking, appropriate for the weather)
- Hand sanitizer
- First aid supplies
- Food and supplies if you have not contracted for food service

Do Not Bring

- Firewood
- Pets (Service animals are permitted with completed forms. Please contact camp in advance.)
- Illegal drugs
- Fireworks
- Firearm or other weapons
- Hand or power tools (unless prior arrangements have been made)

Contact Information and Directions

Lutheran Memorial Camp (LMC)

2790 State Route 61, Marengo, OH 43334
Phone: 419.864.8030
lmc@lomocamps.org

Lutheran Memorial Camp is approx. 40 minutes north of Columbus, Ohio off Interstate 71. From I-71, get off at Exit 140 (Highway 61) to Mt. Gilead, Ohio. Head north on Hwy 61 about five miles. The camp will be on the west side of the road.

LOMO Central Office

863 Eastwind Drive, Westerville, OH 43081
Phone: 800.431.5666
Fax: 614.890.8210
registrar@lomocamps.org

Camp Luther

3901 Lake Road, Conneaut, OH 44030
Phone: 440.224.2196
luther@lomocamps.org

Camp Luther is located at 3901 Lake Road, which is also State Route 531, five miles west of Conneaut and ten miles east of Ashtabula at the end of Poore Road in North Kingsville.

Arriving from the west on Interstate 90, take the North Kingsville exit (#235), State Route 193 north until it dead ends at Lake Road with a golf course on the right (east) side. Turn right (east) onto Lake Road and proceed, approximately three miles, to the camp entrance on the left (north) side of Lake Road.



Acknowledgment of Risk

I hereby acknowledge and agree that participation in LOMO facilities, grounds and programs come with inherent risks. **Novel Coronavirus, COVID 19 is an extremely contagious virus** that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing, wearing of masks, frequent hand washing, and limiting size of gatherings to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability and death. LOMO in no way warrants that COVID-19 infection will not occur through participation in LOMO programs or accessing facilities and grounds.

LOMO is taking steps to implement recommended guidance and protocols from the Centers of Disease Control and Prevention (CDC), the Ohio Department of Health (ODH), and the American Camp Association (ACA).

To stop the spread of COVID-19 the following conditions of utilizing facilities, grounds, services and/or programs of LOMO (Lutheran Memorial Camp, Camp Luther and LOMO Outreach) include:

1. The group leader is responsible to have each participant complete and sign the [LOMO Individual and Family Release Form COVID-19 Waiver of Liability and Indemnity Agreement](#). The group leader will be informed where to submit the signed forms.
2. The group leader is responsible to find out from their participants if they have had symptoms of COVID-19 (fever, cough or shortness of breath), had a suspected or diagnosed/confirmed case of COVID-19, or have been in close proximity to a person with a diagnosed/confirmed case of COVID-19 in the previous 14 days prior to camp arrival. For the health and safety of everyone, anyone with any of the above listed COVID-19 challenges are not allowed to come to camp.
3. The group leader shall have written documentation of each participant's temperature the morning prior to traveling to camp; we highly recommend participants continue to take temperatures each morning during your stay. If anyone has a temperature above 100.4 they will not be allowed to come to camp. If any participant has symptoms of or is diagnosed with COVID-19 within 14 days of attending camp they need to inform LOMO by calling 614-890-2267 or email Registrar@lomocamps.org.
4. Your group may only use the building or buildings that are assigned without entering any other camp facilities.
5. You will receive a staff member's emergency contact information. To protect LOMO employees' health and safety, they will not be interacting with groups or providing program activities. Staff members will also not be cleaning facilities during your stay; your group will be provided with cleaning/disinfecting supplies to use while at camp. Facilities are thoroughly cleaned and disinfected between groups.
6. Groups who are not from the same household are asked to wear masks while indoors, maintain 6 feet between non-household members and wash hands frequently.
7. Groups will be given limited sporting equipment to use during their stay.
8. Groups are responsible to bring their own first aid kit.
9. All hikers, who are not part of a contracted retreat group, need to receive prior permission to hike from the camp director (or designee). You will be able to park prior to entering the gate into camp. Individuals who are in camp only for hiking are not allowed to use any buildings including restrooms.

10. Volunteers, who are not part of a contracted retreat group, need to be from the same household or family. The Camp Director (or designee) will coordinate your work project with the Property and Facility Manager. You will need to bring your own tools because using camp tools may pass the coronavirus on to other people. A staff person may provide some supplies you need for the project prior to your arrival. You will need to bring your own food.

I understand and will abide by the conditions for utilizing LOMO facilities, grounds, services and/or programs:

Signature

Date

Printed Name

Phone

E-mail

Address

City/State/ZIP

LOMO Individual and Family Release Form COVID-19 Waiver of Liability and Indemnity Agreement



Adult Participant Names (Please Print)

1. _____ 2. _____

Minor Child(ren) Participant Name(s) (Please Print)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

In consideration of being permitted to utilize the facilities, services, and/or programs of LOMO (Lutheran Memorial Camp, Camp Luther and LOMO Outreach) and/or for my children listed above to so participate for any purpose, including, but not limited to, use of the LOMO facilities or equipment, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases in Ohio. In accordance with the most recent guidance and protocols issued by the Centers for Disease Control and Prevention (CDC), the Ohio Department of Health (ODH), and the American Camp Association (ACA) for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of LOMO within 14 days of (i) experiencing symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, (ii) having a suspected or diagnosed/confirmed case of COVID-19, or (iii) having been in close proximity to a person with a diagnosed/confirmed case of COVID-19.

LOMO has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that, due to the nature of the facilities and services offered by LOMO, social distancing of 6 feet per person may not be possible at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, grounds, services, and programs of LOMO and acknowledges that use thereof by the undersigned and/or such participating children may, despite LOMO's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

In further consideration of being permitted to use LOMO grounds and facilities, the undersigned hereby agrees to the following:

The undersigned, on his or her behalf and on behalf of such participating children, hereby releases, waives, discharges, holds harmless, and covenants not to sue LOMO its board of directors, officers, employees, volunteers and agents from all liability to the undersigned or such participating adults and children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of LOMO or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein.

The undersigned further expressly agrees that the foregoing assumption of risk, release and waiver of liability, hold harmless, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read and voluntarily sign this assumption of risk, release and waiver of liability, hold harmless, and indemnity agreement and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I am aware that by agreeing to this agreement I am giving up valuable legal rights, including the right to recover damages from LOMO in case of illness, injury, death, including for the avoidance of doubt and without limitation, exposure to COVID-19 at any LOMO facility, grounds or program and any illness, injury or death resulting therefrom. I understand that this document is a promise not to sue and a release of and indemnification for all claims. If signing on behalf of my minor: I also understand that this agreement is made on behalf of my minor child(ren) and/or legal wards and I represent and warrant to LOMO that I have full authority to sign this agreement on behalf of such minor(s).

Please specify which participant requires special needs or dietary restrictions.

Special Needs: _____

Dietary Restrictions: _____

Release: a signature is required – if under 18 a parent or legal guardian is required to sign.

I hereby give permission for myself and/or my family members to participate in all camp activities. I have read and agree to the LOMO Privacy Policies found at lomocamps.org/privacy including permission to use my and/or my family members' photo in LOMO and ELCA promotions. I/we will follow the camp rules and direction of camp staff. I give permission to the group leader (or designee) or camp staff to seek medical/surgical treatment for me and/or my family if I am unconscious or unavailable to respond in a medical emergency.

Signing for: **Self** **Minor Child(ren)** **Date Signed** _____

Adult Signature

Adult Signature

Printed Name

Printed Name

Phone

Phone

E-mail

E-mail

Address

City/State/ZIP

Family Health Form



General Information

Family Name: _____ Camp Program Attending: _____ Program Date: _____

Complete health form online or mail paper version to camp at least 2 weeks prior to arrival.

Lutheran Memorial Camp

2790 State Route 61, Marengo, OH 43334
Phone: 419.864.8030
lmc@lomocamps.org

Camp Luther

3901 Lake Road, Conneaut, OH 44030
Phone: 440.224.2196
luther@lomocamps.org

Before you begin, please make sure you have and are able to provide the following information:

- You or the adult listed below will be present at all times during the camp program
- If the parent or legal guardian will not be attending, please complete the youth health form for each minor attending.

Medical information must be available for you to attend camp. It is essential for the camp to have your current health information, in order to be able to ensure your safety.

Family Information

Adults:

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Children:

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Full Name: _____ Age: _____ Gender: _____ Birthdate: _____

Contact Information:

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

In Case of Emergency, Notify:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Health Insurance, Physician & Dentist/Orthodontist Information:

Health Insurance: _____ Policy or Group #: _____

Address: _____ Phone #: _____ Person carrying the policy: _____

Name of Family Physician: _____ Phone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Name of Family Dentist/Orthodontist: _____ Phone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Family Full Name: _____

Family Health Information:

*Does any member of the family have diabetes, or other disease requiring diet regulation or medication?
If so, explain (Please list medications):*

*Has any member of the family ever suffered from, or been told that they have, heart disease or respiratory disease?
If so, please explain:*

*Does anyone in your family suffer from allergies (food, medication, grass, dust, mold, etc.)?
If so, please list them and how they are controlled:*

Other pertinent Health History Facts we should know?

Permission and Release:

***a signature is required from an adult participant and the parent or legal guardian to all participants under 18**

I hereby give permission for myself and/or my family members to participate in all camp scheduled activities. I have read the registration, payment, refund, and cancellation information and agree to the provisions as stated. I have read and agree to the LOMO Privacy Policies found at lomocamps.org/privacy including permission to use my and/or my family members' photo in LOMO and ELCA promotions. I/we will follow the camp rules and direction of camp staff.

I/we understand that as a family, I/we are responsible for our own health care at camp. However, I give permission to the camp staff to secure professional medical/surgical treatment for me if I/we am/are unconscious or unable to respond in a medical emergency. I give permission to provide routine health care; order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to arrange necessary transportation for me and/or my family as named above. I hereby give permission to the physician selected by the camp staff to hospitalize and secure proper treatment, to order injection and/or anesthesia and/or surgery for me and/or my family as named above.

Signature of Parent/Legal Guardian, or Adult Camper

Printed Name

Date

Signature of Parent/Legal Guardian, or Adult Camper

Printed Name

Date

Please complete health form online or mail paper version to camp at least 2 weeks prior to arrival.

Office Use Only:

Signature of Staff member who reviewed this health form

Date

Adult Health Form



General Information:

Camp Program Attending: _____ Program Date: _____

Complete health form online or mail paper version to camp at least 2 weeks prior to arrival.

Lutheran Memorial Camp

2790 State Route 61, Marengo, OH 43334
Phone: 419.864.8030
lmc@lomocamps.org

Camp Luther

3901 Lake Road, Conneaut, OH 44030
Phone: 440.224.2196
luther@lomocamps.org

Before you begin, you must be 18+ years of age and have access to medical information. This form must be completed for you to attend camp. It is essential for the camp to have your current health information, in order to be able to ensure your safety.

Camper Information:

First Name: _____ Last Name: _____ Age: _____ Gender: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Organization/Church: _____ City: _____

If applicable - Volunteer Role/Area of Expertise at camp: _____

In Case of Emergency, Notify:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Health Insurance, Physician & Dentist/Orthodontist Information:

Health Insurance: _____ Policy #: _____ Group #: _____

Address: _____ Phone #: _____ Person carrying the policy: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

If any, please provide details about your dietary restrictions:

If any, describe medical treatment, surgeries, hospitalization, injuries, special restrictions, or considerations while at camp:

If any, list all medications you are currently taking:

Provide any other information regarding your health:

Authorization and Release:

I hereby give permission for myself to participate in all camp scheduled activities. I have read the registration, payment, refund, and cancellation information and agree to the provisions as stated. I have read and agree to the LOMO Privacy Policies found at lomocamps.org/privacy including permission to use my photo in LOMO and ELCA promotions. I will follow the camp rules and direction of camp staff.

I understand that I am responsible for my own health care at camp. However, I give permission to the camp staff to secure professional medical/surgical treatment for me if I am unconscious or unable to respond in a medical emergency. I give permission to provide routine health care; order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to arrange necessary transportation for me. I hereby give permission to the physician selected by the camp staff to hospitalize and secure proper treatment, to order injection and/or anesthesia and/or surgery for me.

Signature of Adult Camper

Printed Name

Date

Please complete health form online or mail paper version to camp at least 2 weeks prior to arrival.

Chronic Conditions (if any):

Asthma Heart Disease
 Diabetes Seizures
 Headaches Psychiatric Care
 Other: Specify _____

Allergies (if any):

Food Insect Stings
 Environmental: Hay Fever, Poison Ivy, Molds
 Medication: Specify: _____

Immunization Record:

Tetanus Booster _____ (Date required)
Have you had Chicken Pox? Yes No

Office Use Only:

Signature of Staff member who reviewed this health form.

Date: _____

Retreat Youth Health Form



Group Leader Full Name: _____ Date of Retreat: _____

Please complete and give to your youth group's leader who will be your chaperone while you are at camp.

Before you begin, please make sure you have the following information for each child you are registering.

* Medication Instructions or Allergy Information (if any)

* Family Doctor & Insurance Information

Medical information must be provided for your child to attend camp. It is essential for the camp to have your child's current health information, in order to ensure the safety and well-being of all campers.

Camper Information:

Camper First Name: _____ Camper Last Name: _____

Camper Address: _____ City: _____ State: _____ Zip: _____

Camper Address Same as Parent: yes no Camper Birthdate: _____ Camper Gender: _____

Parent Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

In case of an emergency and parent/guardian is unavailable, please notify:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Allergies and Dietary Restrictions:

Yes No Does your child have any allergies? Allergy Type(s): _____ Allergic to: _____

Please provide details about when allergy including date it began and a description of reaction:

Yes No Does your child require an EpiPen?

Please provide details about your child's anaphylaxis, including the date and description of the reaction:

Yes No Does your child have any dietary restrictions?

Please provide details about your child's dietary restrictions:

Medications and Treatments:

Yes No Will your child be taking any medications while at camp?

Please explain the reason for the medication and any notes on giving this medication to your child in the spaces below.

Medication (1): _____ Medication (2): _____ Medication (3): _____

Dose (1): _____ Dose (2): _____ Dose (3): _____

Morning Lunch Dinner Bedtime Other: _____ Morning Lunch Dinner Bedtime Other: _____ Morning Lunch Dinner Bedtime Other: _____

Notes: _____ Notes: _____ Notes: _____

Yes No Will your child require any treatments while at camp? **Please explain what treatment(s), including the frequency.**

Yes No Does your child regularly take any medications that **will not** be taken at camp?

Explain what medications your child takes regularly and why they are taken.

Health Insurance and Doctor Information:

Family Doctor _____ (Required) Phone Number _____ (Required)

Family Dentist _____ Phone Number _____

Do you have medical insurance? Yes No

Full Name of Policy Holder _____ Policy Holder Phone Number _____

Insurance Company _____ Insurance Company Phone Number _____

Health Insurance Policy Number _____ Insurance Company Phone Number _____

Child's Full Name: _____

Immunizations:

Please list the date or confirm your child's most recent vaccination (if any) or booster is up to date for the following:

| | | | |
|--------------------------------------|-----------------|-------------------------|-----------------|
| Tuberculosis (TB) | Immunized _____ | Haemophilus Influenza B | Immunized _____ |
| Chicken Pox (Varicella) | Immunized _____ | Hepatitis B | Immunized _____ |
| Diphtheria, Pertussis, Tetanus (DPT) | Immunized _____ | Measles | Immunized _____ |
| Mumps | Immunized _____ | Rubella | Immunized _____ |
| Polio Series | Immunized _____ | | |

If your child has not been fully immunized, please explain: _____

Over the Counter Medications:

The following over-the-counter medications may be given to your child while at camp. Check all that apply. If there is a preferred or need name brand, please purchase and check-in as medicine.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Nasal Decongestant | <input type="checkbox"/> Betadine/PhisoHex | <input type="checkbox"/> Sunscreen / Sunburn Spray |
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Antihistamines | <input type="checkbox"/> Anti-Boitic Ointment | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Cold Formula | <input type="checkbox"/> Diarrhea Aid | <input type="checkbox"/> Zinc Oxide/Noxema/Solarcaine | <input type="checkbox"/> Itch Relief |
| <input type="checkbox"/> Chloraseptic Spray (Sore Throat) | <input type="checkbox"/> Upset Stomach Aid | <input type="checkbox"/> Allergy Medication | <input type="checkbox"/> Cough Medicine |
| <input type="checkbox"/> Sore Throat Lozenges | <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Hydro-Cortisone Cream | <input type="checkbox"/> Sting Swabs |

Health History:

Please circle if your child has experienced, or is currently experiencing, any of the following conditions?

| | | | | | | |
|-----|----|----------------------|-----|----|----------------------|---|
| Yes | No | ADD/ADHD | Yes | No | Ear Infections | Be sure to fully explain any conditions your child is currently experiencing and how staff can better assist: _____ _____ _____ |
| Yes | No | Asthma/Inhaler | Yes | No | Eating Disorder | |
| Yes | No | Bedwetting | Yes | No | Epilepsy | |
| Yes | No | Behavioral Issues | Yes | No | Headaches | |
| Yes | No | Blackouts/Fainting | Yes | No | Homesickness | |
| Yes | No | Depression | Yes | No | Mental Health Issues | |
| Yes | No | Developmental Delays | Yes | No | Seizures | |
| Yes | No | Diabetes | Yes | No | Other _____ | |

Please circle based upon your child's health history:

- | | | |
|-----|----|--|
| Yes | No | If applicable, has your child begun her menstrual cycle? |
| Yes | No | Has your child had any operations? |
| Yes | No | Has your child ever been hospitalized or had a serious injury? |
| Yes | No | Has your child been exposed to communicable diseases in the last 3 months? |
| Yes | No | Does your child have any restrictions on activities? |
| Yes | No | Will your child require any special assistance while at camp? |

If you answered yes to any of the questions, please describe further here. Please list any other medical information the camp should have about your child. _____

Authorization and Release: *a signature is required from the child's parent or legal guardian

I hereby give permission for the camper, named above, to receive the over-the-counter and prescribed medications as indicated on this health form at the direction and under the supervision of the youth group chaperone.

I give permission for my child, named above, to participate in all camp scheduled activities. I have read the registration, payment, refund, and cancellation information and agree to the provisions as stated. I have read and agree to the LOMO Privacy Policies found at lomocamps.org/privacy including permission to use my child's photo in LOMO and ELCA promotions. My child will follow the camp rules and directions of camp staff and adult chaperones.

I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment. But if it is important to do so, I give permission to the youth group chaperone or camp staff to provide emergency health care; to release any records necessary for insurance purposes; and to arrange necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the youth group chaperone to hospitalize and secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature of Parent/Legal Guardian

Printed Name

Date

Please complete and give to your youth group's leader who will be your chaperone while you are at camp.

Dietary Restrictions Form



Check Here if There are NO Dietary Restrictions in the Group.

Important Information

Date(s) at Camp: _____

Location (Circle): Luther LMC

Group Name: _____

Group Leader: _____

Group Leaders Phone Number: _____ Texting: Yes No

Dietary Restrictions Information

Please check any of the following that apply to the group. Indicate the number of people with the restriction.

Diabetes _____

Will individually select what is appropriate and will not need menu changes Yes No

Need alternatives for the following food(s): _____

Would like an alternative dessert Yes No

Gluten Allergy or Intolerance _____

Lactose Intolerance _____

What foods do the participants avoid? _____

Vegetarian (will eat animal products, but not animals) _____

Pescatarian (will not eat animal products but will eat fish) _____

Vegan (no animal products) _____

Peanut Allergy _____

Can peanuts be served to others in the dining hall? Yes No

Tree Nut Allergy _____

Can tree nuts be served to others in the dining hall? Yes No

Casein/Dairy Allergy _____

Shellfish Allergy _____

Wheat Allergy _____

Egg Allergy _____

Please describe any **other** dietary restrictions not listed above.

Group Leader Signature: _____ **Date:** _____

Alcohol Use Request



Request for Use of Alcohol at a LOMO Camp: LOMO's mission is to bring people together to experience Christ through natural settings and programs. This application is intended by the LOMO Executive Director to communicate the parameters for alcohol use to ensure that alcohol will not diminish this mission.

Important Information

Group Name: _____ Group Leader: _____
Date(s) at Camp: _____ Location (Circle): Luther LMC

The use of wine for the sacrament of communion is acceptable for all groups and does not require pre-authorization.

The following procedures guide the safe and appropriate use of alcohol.

Please initial next to each statement to indicate you understand and agree to abide by the procedure.

- _____ 1. Alcohol use is limited to the specific facility and adjoining deck or patio the group is occupying; alcohol may not be used on the grounds outside the facility.
- _____ 2. Groups will supply their own alcohol and may not sell alcohol. LOMO will not provide alcohol with the exception of wine for communion.
- _____ 3. Alcohol use is expected to be handled maturely and be conservative in quantity.
- _____ 4. Groups are responsible for properly disposing or recycling of all alcohol containers.
- _____ 5. Anyone violating these procedures will be asked to leave the premises; no refund will be issued.
- _____ 6. If under-age drinking or disorderly conduct occurs, the parties involved will be reported to local law enforcement.
- _____ 7. The group will identify a person, in writing, who ensures LOMO's alcohol restrictions are implemented.
Our designate person is _____. For weddings this may not be the bride or groom.
- _____ 8. Groups may be required to provide proof of insurance showing LOMO as an additional insured on the group's policy or pay LOMO for a Liquor Liability Insurance Policy.
- _____ 9. Alcoholic beverages may only be consumed by people of legal drinking age. All members in the group requesting to use alcohol need to be of legal drinking age unless the minor's parent/legal guardian is present.
- _____ 10. Intergeneration events including weddings, family reunions and anniversary celebrations are required to limit their alcohol use to one champagne toast at a pre-approved time and location by a LOMO Director.
We also request to have alcohol at this time _____ and location _____.

The user group agrees to defend, indemnify, and hold LOMO, inc., its officers, directors, employees, agents, licensors, and suppliers, harmless from and against any claims, actions or demands, liabilities and settlements, including without limitation, reasonable legal and accounting fees, resulting from, or alleged to result from, the violation of any of the terms and conditions of the LOMO alcohol use restrictions and guidelines.

User Group Contact Signature: _____ Date _____

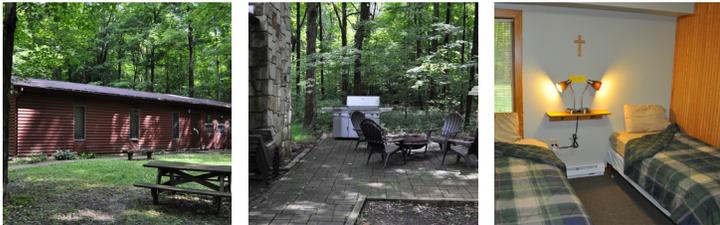
LOMO Executive Director's Signature: _____ Date _____



Explore woodlands, Alum Creek, ponds and numerous nature trails throughout 420 acres at Lutheran Memorial Camp. Located 30 minutes north of Columbus.

Priebe Retreat Center

Priebe Retreat Center sleeps 20 people in 10 rooms; each room has two twin beds. There is a shared restroom in each wing. Priebe has a kitchenette with coffee pot, refrigerator, sink, and microwave. The patio and picnic tables nestled among the trees is popular during summer and fall. The living room has soft seating; conference tables and chairs can be added to accommodate your meeting itinerary.



Spring Run Cottage

Spring Run Cottage sleeps 20 people in two rooms. Each bedroom has 5 sets of bunk beds and a full bathroom. There is a kitchenette with coffee pot, refrigerator, sink, and microwave. There is a large wrap around deck with evening lighting and Adirondack seating. The living area offers an outstanding view and soft seating.



LMC Facilities

LMC includes an outdoor chapel, campfire area, hiking trails, high ropes course, archery, pool, gaga ball pit, sports fields, archery, a pond for fishing, canoeing and kayaking.



Individual Cabins and Shower Houses

Cabins are heated and airconditioned, sleep 9-15 and are close to the showerhouses.



Tent & RV Sites

Our heavily wooded, rustic tent and RV sites are available year-round. Main camp showerhouses are available.



Dining Hall & Meeting Area

The lodge is primarily used for dining, however it can host larger groups for conferences or events.



Twin Cherry Multi-Purpose Space

Twin Cherry is a carpeted building with fireplace and restrooms. Camp will arrange tables to meet the needs of your group.





Enjoy 66 wooded acres along the shores of Lake Erie, a stunning view with sensational sunsets. Home to LakeSide EcoEternity Forest.

Cabin Options

Camp Luther has cabins in a wide variety of sizes. Each cabin has a private bathroom and access to a shower-house. There are bunk beds and double bed options.



Showerhouse and Sauna

Showerhouse facilities are close to the cabins. You may also enjoy the relaxation of time in the sauna.



Camp Luther Facilities

Luther includes indoor and outdoor chapels, dining hall, lodge, gazebo, playground, singing tree, porches with amazing views of the lake, a pool, volleyball and so much more.

