

We are so excited that you have decided to join us on for this year's Devil's Lake Adventure Trip! This trip will be a great opportunity for you to experience God's creation and get to know other students and leaders while rock climbing, canoeing, and caving your way through the Wisconsin wilderness.

Below you will find trip details and a packing list. Also included in this letter are a few forms that need to be filled out prior to the trip. **Please return these forms to the Student Ministries office by June 10th. Contact jkiser@elmbrook.org with any questions.**

Feel free to call our office at 262.786.7059 with any questions. We are looking forward to seeing you on Sunday, June 22nd

-The High School Ministry Staff

Departure and Return Information:

Bus will depart from Elmbrook Church at 1pm on Sunday, June 22nd

*Please eat lunch beforehand

Bus will return to Elmbrook Church around 5pm on Thursday, June 26th

Emergency Contact Info:

Expeditions Unlimited (please contact camp only in case of emergency)

E11844 County Road DL

Baraboo, WI 53913

608.356.4004

Linnea Trampe - 262.366.1525

Packing List:

Bible & Pen

Sleeping bag

Sleeping pad (optional, but recommended)

Pillow

Rain gear or poncho

Pajamas

4-5 pairs of shorts

5-6 t-shirts

2 pairs of jeans or other long pants

2 long-sleeve shirts

Jacket or hooded sweatshirt

Undergarments/socks

Gym shoes

Closed toe shoes for caving that can get wet & dirty

Sandals

Swimsuit (one piece swimsuit for girls, no speedos for guys)

Water Bottle

Headlamp (available at Walmart, Target, etc.) for caving

Toiletries

Sunscreen

Bug Spray

2 Towels (one for swimming, one for showering)

Spending money for snack shop

Camera & sunglasses are optional

Expeditions Unlimited

CAMP HEALTH EXAMINATION FORM FOR CHILDREN, YOUTH AND ADULTS

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

Name: _____ Birthdate: _____ Gender M F Age: _____
Last First M. Init.

Name of Parents/Guardians (or spouse): _____ Phone: (____) _____

Home Address: _____
Street City State Zip

Email Address: _____

Check here if you do not wish to receive further mailings from Expeditions Unlimited.

If not available in an emergency please notify:

1. _____ Phone: (____) _____
Name Relationship
2. _____ Phone: (____) _____
Name Relationship
3. _____ Phone: (____) _____
Name Relationship

Check all that apply, giving approximate dates

Health History	Allergies	Diseases	Date
____ Frequent Ear Infections	____ Hay Fever	____ Chicken Pox	_____
____ Heart Defect/Disease	____ Poison Ivy, etc.	____ Measles	_____
____ Convulsions	____ Insect Stings	____ German Measles	_____
____ Diabetes	____ Penicillin	____ Mumps	_____
____ Bleeding/Clotting Disorders	____ Other Drugs	____ Asthma	_____

Allergies (describe reactions/treatment): _____

Operations or serious injuries and dates: _____

Chronic or recurring illnesses: _____

Dentist/Orthodontist: _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

Medical/Health Insurance Company: _____ Policy or Group #: _____

IMPORTANT: Please notify Expeditions Unlimited if this individual is exposed to any communicable disease during the three weeks prior to attending the trip.

Additional Notes/Comments: _____

IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

Parental Authorization. This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by the Expeditions Unlimited staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by the Expeditions Unlimited staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above.

Parental Signature: _____ Date: _____

Expeditions Unlimited

Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands and agrees that as to the contemplated trip with Expeditions Unlimited:

1. There are unique physical demands and risks involved;
2. The activity can be of a dangerous nature which can result in serious and potentially fatal injury;
3. That instructions given must be followed for ongoing participation and safety of the applicant; and
4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., its officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

Applicant Signature _____ Date ____ / ____ / ____

D/O/B: _____

Parent or Guardian Signature _____ Date ____ / ____ / ____

(Also required if applicant is under 18 as of date of signature)

Release as to Photographic, Movie and Video Images

The undersigned in consideration of being able to participate in the contemplated trip, irrevocably consents to and authorizes the use and reproduction of by Expeditions Unlimited, Ltd. (and by third parties designated by Expeditions Unlimited, Ltd.) any and all photographic, movie and video images taken during the contemplated trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies or images are and will remain the sole property of Expeditions Unlimited, Ltd.

Applicant Signature _____ Date ____ / ____ / ____

D/O/B: _____

Parent or Guardian Signature _____ Date ____ / ____ / ____

(Also required if applicant is under 18 as of date of signature)

Expeditions Unlimited

E11844 County Road DL
Baaboo, WI 53913

Telephone (608) 356-4004
Fax (608) 356 -4185

In order to better please indicate below if any participant you
have a food allergy intolerance. If participant has a food allergy they will need
to complete the additional Food Allergy Action Plan form that has been included.

_____ Dairy

_____ Wheat

_____ Eggs

_____ Peanuts

_____ Tree Nuts

_____ Other (please list) _____

Expeditions Unlimited cannot provide specialized meals for participants but we can
provide a couple of additional options, as well as ingredient information of prepared
food.

Please return this form 2 weeks prior to scheduled arrival date
Thank you!

Expeditions Unlimited

E11844 County Road DL
Baraboo, WI 53913

Telephone (608) 356-4004
Fax (608) 356-4185

Food Allergy Action Plan

Name: _____

Allergy To: _____

Physician: _____ Phone #: _____

Emergency Numbers

Name: _____ Phone #: _____

Name: _____ Phone #: _____

PLEASE TELL US WHAT TO DO IN CASE OF AN ALLERGIC REACTION CHECK ALL THAT APPLY

This Occurs:
My Child's allergic reaction includes:

- Swelling, itching raised skin rash
- Generalized body flush, swelling or itching
- Nausea, abdominal cramps, vomiting and/or diarrhea
- Itching and swelling of lips, throat, or tongue causing hoarseness, swallowing difficulty, coughing, wheezing or shortness of breath.
- "Thready" pulse, "passing out"
 - These signs may occur
 - Within a few minutes
 - Within 30 minutes to 2 hours

The ~~signs~~ ~~may~~ ~~change~~. All above symptoms can potentially progress to a life-threatening situation.

General First Aid

- Observe for 30 minutes
- Notify Parents
- Administer oral medication And
Name _____
Dosage _____
- Administer adrenaline (Epi Pen)
 - Immediately
- If symptoms occur (describe)

Student can self-administer Epi Pen? Yes No

If Epi pen is administered, an ambulance, then parents will be notified

Comments regarding other accommodations: _____

Parent Signature: _____ Date: _____