

# Camp Shiloh: Contact Information, Medical History, & Release Form

www.campshiloh.com | 753 Burnt Meadow Road, Hewitt NJ 07421 | 973.728.7845 | register@campshiloh.com

Group Name \_\_\_\_\_ Retreat Date \_\_\_\_\_

Guest Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guard. Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guard. Name \_\_\_\_\_ Phone \_\_\_\_\_

If Parent/Guardian cannot be reached, please provide alternate emergency contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

- I understand that guests will be traveling to and from camp with group leaders & Shiloh is not responsible for transportation.
- I understand that it is the responsibility of the church/organization guests are going to Shiloh with to supervise at all times.
- I understand that the rules at Camp Shiloh are clearly stated upon arrival and if guests do not follow the rules, parents/guardians may be asked to come pick them up without refund.
- I understand that while at camp, guests will be participating in athletic activities as well as the 'challenge by choice' adventure program. The program is run by Shiloh's trained professional staff and proper safety precautions will be taken.
- Includes: low ropes course, zip line, giant swing, archery, high ropes course, climbing wall, giant ladder & centipede climb.
- I understand the risks involved and give permission for above named guest to participate to his/her ability.

**\*I have read and agree to the above statements.**

**\*Parent/Guardian Signature** \_\_\_\_\_

**\*Guest Signature if over 18** \_\_\_\_\_

Please identify any medical conditions that might impact above named guest's participation in camp activities, including illness or injury restrictions, limitations, disabilities, special needs. None \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Guest is up to date on all immunizations. \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, please explain: \_\_\_\_\_

If guest will be at Camp Shiloh for longer than 72 hours, please attach immunization records.

Please identify any allergies, describe reaction & management. No Known Allergies \_\_\_\_\_

Allergy: \_\_\_\_\_

Reaction: \_\_\_\_\_

Management: \_\_\_\_\_

Please identify any medically necessary dietary restrictions or food allergies via Special Diet Request Form on Camp Shiloh's website.

Please list medications currently used & directions. (Antibiotics, Allergy meds, Inhalers, EpiPen, Insulin, etc.)

Med Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Note: All medications should be in appropriate containers and labeled, kept with group leader, and self-administered.

In the event of an emergency, I understand that every effort will be made to notify necessary emergency contacts.

However, in the event that we cannot contact anyone, I give permission for above named guest's leaders and Camp Shiloh Staff to make necessary decisions regarding their care, including administer first aid at camp, and if necessary arrange for transportation to Chilton Hospital and consent for emergency medical treatment.

**\*Parent/Guardian Signature** \_\_\_\_\_

**\*Guest Signature if over 18** \_\_\_\_\_

I give permission for any video or still images taken at camp to be used for promotional purposes for Camp Shiloh.

**\*Parent/Guardian Signature** \_\_\_\_\_

**\*Guest Signature if over 18** \_\_\_\_\_