

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

Website: www.campshiloh.com Address: 753 Burnt Meadow Road, Hewitt NJ 07421 Phone: 973.728.7845 Email: shilohbiblecampnj@gmail.com

Camper Name _____
Sex _____ Date of Birth _____ Age _____ Height _____ Weight _____
Address _____
City, State, Zip _____
Home Phone _____ Email _____
Parent/Guard. Name _____ Phone _____
Parent/Guard. Name _____ Phone _____
Doctor _____ Phone _____
Insurance _____ Policy # _____

- *I understand that my child will be traveling to and from camp with his/her group leaders & Camp Shiloh is not responsible for transportation.
- *I understand that it is the responsibility of the church/organization my child is going to Camp Shiloh with to supervise & oversee my child at all times
- *I understand that the rules at Camp Shiloh are clearly stated upon arrival and if my child does not follow the rules I may be asked to come pick them up without refund.
- *I understand that while at camp my child will be participating in athletic activities as well as the 'challenge by choice' adventure program. I understand the risks involved and give permission for my child to participate to his/her ability.
- *I have read and agree to the above statements. *Parent/Guard** _____

Please identify any medical conditions that might impact your child's participation in camp activities, including illness or injury restrictions, limitations, disabilities, special needs. None _____
If Yes, explain: _____

My child is up to date on all immunizations. ___ Yes ___ No
If No, explain: _____
*If your child will be at Camp Shiloh for longer than 3 days, please attach immunization records.

Please identify any allergies your child has, describe reaction & management. None _____
Allergy: _____
Reaction: _____
Management: _____
*Please identify any dietary restrictions or allergies your child has via Special Diet Request Form on our 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, must be self administered.

In the event of an emergency, I understand that every effort will be made to contact me. However, in my absence, I give permission for my child's leaders and Camp Shiloh Staff to make necessary decisions regarding my child, including administer first aid at camp, and if necessary arrange for transportation to Chilton Hospital and consent for emergency medical treatment.
***Parent/Guardian Signature** _____

I give permission for any video or still images taken of my child at camp to be used for promotional purposes for Camp Shiloh. ***Parent/Guard Sign** _____