

Shiloh Bible Camp

Contact Information & Medical History Form

Name _____ Date of Birth _____ Age _____ Sex _____

Address _____ City, State, Zip _____

Home Phone _____ Parent/Guardian name/cell _____

Parent/Guardian/Emergency Contact name/cell _____

Doctor _____ Phone _____

Health Insurance _____

Conditions/Restrictions: Please identify any medical conditions that might impact your child's participation in camp activities, including recent or current illness/injury restrictions, limitations, or special dietary requirements.

None _____ Yes (please describe) _____

Allergies: Do you/your child have any allergies? Yes ___ No ___

If yes, please explain _____

Immunizations: please attach immunization records which include dates and immunizations against the following:

- DTP/DTPaP –Diphtheria –Tetanus -Pertussis
- Td/DT –Tetanus - Diphtheria
- OPV/IPV –Polio
- Hib - Haemophilus influenzae type b
- MMR – Measles – Mumps – Rubella
- HB – Hepatitis B
- Varicella – Chicken Pox

Medications: Please list all medications currently used. Inhalers and EpiPen information must be included.

Note: All medications should be in appropriate containers and labeled. All medication must be self administered and can be stored in lock box in health center. Please see staff member for more information.

Emergency Release:

I give permission, in the event of an emergency, for first aid to be administered to my child and, should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me.

Parent Signature: _____ Date: _____