



2023 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 _____

Cell Phone _____ Email _____

Parent/Guard. Name _____ Phone _____

Parent/Guard. Name _____ Phone _____

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

Name _____ Relation _____

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 may be participating in athletic activities, waterfront activities, & adventure program. The program is run by Shiloh's trained professional staff and proper safety precautions will be taken.
- I understand the risks involved, give permission for above named guest to participate to his/her ability, and release Camp Shiloh of liability.

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

***Parent/Guardian Signature** _____ **Date:** _____

***Guest Signature if over 18** _____ **Date:** _____

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: www.campshiloh.com/menu

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

Med Name: _____ Dose: _____ Time Taken: _____

Note: All medications should be in original 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. I agree that I am financially responsible for any fees associated with this medical care.

***Parent/Guardian Signature** _____ **Date:** _____

***Guest Signature if over 18** _____ **Date:** _____

I understand that video or still images taken at camp may be used for promotional purposes for Camp Shiloh (website, flyers, social media, etc) (Names of individual campers will not be included with this material.)

I prefer that my child's photo NOT be featured in any of these materials.