

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** _____

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Current Health Screening:

All campers planning to attend a retreat should plan to closely monitor their health and social habits 14 days prior to their retreat date. Any camper exhibiting any cold or flu-like symptoms should NOT attend. Any camper who has pre-existing health conditions, or has a family member with health concerns, should consider not attending camp for their health and safety.

Please answer questions below based on the camper's current health (for the past 14 days)

	Yes	No
Does camper have a fever (>100.4) or have you/they felt hot or feverish lately?		
Do you/they have a persistent cough and/or runny nose?		
Does camper have any flu-like symptoms? (gastrointestinal upset, headache, fatigue)		
Is camper having shortness of breath or other difficulties breathing?		
Has camper experienced recent loss of taste or smell?		
Has the camper been in contact with any COVID-19 positive patients? (Those who feel well but have a sick family member at home should NOT attend)		
Has camper recently traveled to any regions significantly affected by COVID-19?		

Due to the current pandemic, all staff and guests will be required to practice social distancing during their stay. Masks must be brought and worn by all attendees indoors and where social distancing outdoors is difficult. Temperature & symptom screening will be conducted upon arrival to camp & daily during their stay. Any onset of symptoms while at camp will result in isolation and being asked to vacate the premises (without refund) to ensure the health and safety of others on site. All campers should continue to monitor their health for 14 days after leaving camp and any onset of symptoms within 14 days of departure, guests should notify their group leader and Shiloh staff immediately.

By signing below, I consent to the above-mentioned wellness checks, and health/safety policies/procedures. I understand that failure to follow these procedures will result in being asked to leave camp without refund. I declare that all statements here are true and accurate to date.

Name: _____ Date: _____

Signature: _____