



2022 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** _____

***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: 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** _____

***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.

CDC guidelines recommend all guests be fully vaccinated or receive a negative Covid test prior to arrival & complete a basic health screening prior to arrival to ensure health and safety of everyone on site.

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

	Yes	No
Has the camper received the COVID-19 vaccine?		
Has the camper received a negative COVID-19 test within 72 hours of arrival?		
	Yes	No
Does camper have a fever (>100.4) or have you/they felt hot or feverish lately?		
Does camper 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?		

If answer is YES to any of the lower questions, the camper should NOT attend camp.

Due to the current COVID-19 pandemic, staff and guests will be asked to practice social distancing during their stay.

Masks should be brought and worn by unvaccinated attendees indoors & where social distancing is difficult.

Guests will be assigned to a small group – these groups will be asked to share the same dorm/cabin, restroom facilities, dining tables, and section of the meeting room in order to minimize shared spaces among the group as a whole.

Temperature & symptom screening may 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 be tested & 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 may result in being asked to leave camp without refund.

I declare that all statements here are true and accurate to date.

Name: _____ Date: _____

Signature: _____