



## 2025 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, guests may be asked to leave, and 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](http://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 Urgent Care or 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.