



Shiloh Park Family & Medical Information

Camper Medical Form

Child's Full Name _____ Birthdate ____/____/____

I give my permission for the above named child to participate in all camp activities including but not limited to climbing, swimming, kayaking, and water sliding. I hereby authorize the staff and volunteers of Shiloh Park camp and NEI, NWI, INDY children's camp to administer basic medical first aid and emergency medical or dental treatment if needed and to seek medical treatment from a hospital or doctor. I give permission for the camp nurse to administer medications as directed (**medications listed on reverse side of this form**). I give permission for my child to be photographed or videotaped for camp promotional materials or social media.

I give permission for my child to be given: ___ Tylenol ___ Ibuprofen ___ Benadryl

Parent or Guardian (printed name) _____ Date _____

Signature of parent or guardian _____

Address _____ City, State, Zip _____

Parent /Guardian phone number(s) _____

Secondary Emergency Contacts

Name: _____ Relationship to child _____ Phone _____

Name: _____ Relationship to child _____ Phone _____

Family Doctor _____ Phone _____

Medical Insurance Carrier _____ ID # _____

Name of Insured _____

Full Name of Church _____ City of Church _____

Camp Dismissal

Campers **WILL** be released to ride home in your **church van or bus** if provided at the dismissal of camp. If your camper **will NOT** be riding home in a vehicle provided by your church at the end of camp, please provide the name of the **AUTHORIZED PICK UP PERSON** (provide **ONLY** if **NOT** planning to ride church vehicle at camp dismissal):

Name _____ Phone Number _____

Please call the camp director to make changes to this plan prior to pick up time.

Camper Personal Information

Date of Last Tetanus Shot ____/____/____ Allergies and medical conditions _____

Is there anything else that we should know about your child to best care for him/her? (bed wetting, discipline issues, or other needs)

****** NEW! Lice checks will NOT be offered upon arrival! This MUST be completed PRIOR to coming to camp!******

Head Lice Inspection (Must be completed by a licensed medical professional or cosmetologist. Commercial salons may not be able to help; try a school nurse, a professional in your congregation, a private salon owner, or your doctor's office.)

"I certify that the child named above shows no evidence of lice, nits, or eggs."

Sign _____ Credentials/Title _____ Date ____/____/____

To be completed by camp staff: _____ Passed Temp. Check

