



# Medical Release Form

(for campers under age 18)

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Doctor \_\_\_\_\_

Allergies/ Reactions \_\_\_\_\_

\_\_\_\_\_

Activity/ Diet Restrictions

\_\_\_\_\_

Current Medications

\_\_\_\_\_

- Lice Checks will be administered at registration. Positive Checks will be SENT HOME.
- All prescription (in original container) and over-the-counter medication will be turned in to a staff member during check-in. (Shiloh only offers first-aid. No registered Nurse on staff.)
- In case of medical emergency for my child, I authorize Shiloh Bible Camp staff to act in their best judgment to seek medical attention through the appropriate means, including ambulance transport and emergency room treatment. I also accept responsibility for the expenses incurred through such treatments.

Have you vomited or had diarrhea in the last 48 hours? Yes / No

Circle one: YES / NO – I give Shiloh Bible Camp permission to administer bug spray, sunscreen, and anti-itch cream to \_\_\_\_\_ as needed.

If you are sick in any way, please do not come to camp.

Thank you for considering the health of your fellow campers and staff when making this decision. Stay healthy, stay safe, and we are looking forward to a great summer!

\_\_\_\_\_  
Signature & Relation to Minor

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

