



SHILOH ADVENTURE CAMP
Medical Information and Consent Form

USE OF FORM: This form is required for each "Camp Participant" (camper, youth staff or adult staff member). The form provides medical condition information, emergency treatment statement, and parent/guardian or adult consent for participation in camp activities.

MUST BE NOTARIZED PRIOR TO CAMP!

Camp Participant Name _____
Week(s) of Camp Attending _____ Age _____ Date of Birth _____
Address _____

Parent/Guardian Name _____
Address _____ Home Phone _____
Daytime Contact Phone _____ Cell Phone _____
Family Doctor _____ Phone _____
Insurance Provider _____ Policy # _____

Current Medication (name, doses, and times given) _____

Specific Allergies (food, environmental, or medications) _____

Special Health considerations: _____

Does your child wet the bed occasionally? Yes No
Has your child ever been prescribed medication for a recurring condition? Yes No
Has your child ever been prescribed medication for a behavioral/emotional condition? Yes No
If yes to either of the above questions, please describe. _____

If currently prescribed, we request you continue your child on behavioral/learning disability meds throughout their stay at camp.

Camp Administered Medications: The following is a list of over-the-counter medications available for minor medical complaints: Triple Antibiotic ointment, Ibuprofen, Tylenol, Benedryl (tablets and ointment), Pepto Bismal, Tums, Cough Drops, and Solarcaine Spray. *Please consider allergies and potential interaction with any prescribed medications.*

Any of the medications listed may be given to the participant. Yes No (List exceptions)

- Any medications will be administered only under the following conditions:
1. Signed permission of the adult participant or parent/guardian (below)
 2. Discernment of the Shiloh Adventure, Inc. camp nurse or adult staff member
 3. Medication administered will be documented in the Camp Clinic log
 4. **Prescription medications must be in the "original" pharmacy container with the participants name and dosage on it (including inhalers, liquids, pills and injections).**

Parent/guardian will be notified of disbursement only if your camper exhibits an elevated temperature, is unable to maintain fluids, or has had repeat visits for the same complaint. At registration, you will report all medications to the camp nurse. Please bring any prescription medications in original containers and place in a zip lock bag with the participant's name on the bag.

I give Shiloh Adventure, Inc. staff permission to give medication as described above.

Signature (Parent/Guardian for minors): _____ Date: _____
Please print name: _____

INDEMNIFICATION & CONSENT

Activities: I the undersigned adult participant (age 18 or higher) OR I, the undersigned parent or legal guardian do consent and give permission for my son, daughter or youth under my guardianship _____ (name) to attend and participate in Shiloh Adventure Camp. I will not hold the camp organization or personnel responsible for health or accident. Acknowledging the potential risks associated with camping in the outdoors and those risks inherent in the adventure, sporting and game activities offered by Shiloh Adventure, Inc., I indemnify, release, hold harmless and will not make any liability claims against, or sue Shiloh Adventure Inc., or any of its employees, officers, or volunteers for any claims, expenses, personal injury, wrongful death or damages arising from or connected with participation in this camp, activity, use of Shiloh Adventure, Inc. equipment, or personal equipment or vehicles, and/or those of host facilities or programs, including those acts caused by negligence or omission. This indemnification also applies to the following included excursions, including hired bus or adult/chaperone personal vehicle transportation arranged by Shiloh Adventure, Inc.:

- 1) Excursion to North County Aquatic Center, an Indian River County water park with water slides, water play area, lap pool, and 1 and 3 meter diving platforms - approx 19 miles (approx 30 mins) each way. The entire facility is monitored by certified lifeguards, including two at the diving facility. See <http://www.ircrec.com/NCAC> for more information.
- 2) Excursion to South Beach Community Park, a large air conditioned gym and recreation center for playing games – approx. 5 miles from camp.
- 3) Excursion to Sebastian Inlet tidal pool for swimming/snorkeling, and Sebastian Inlet State Park Treasure or Fishing Museum - approx. 3 miles from camp.

This indemnification also applies to the following optional activities, as indicated by **my initials** below:

- A. Small-boat sailing (monohull or catamaran) with adult captain
- B. Rides in motor-boat(s) driven by adult/parent
- C. Skiing, kneeboarding, or wakeboarding (Must also initial Item B. above.)
- D. Tubing, (Must also initial Item B. above.)
- E. Diving at the above Aquatic Center (Excursion 1 above)

All camp activities are conducted under Shiloh Adventure's Policies & Procedures, including oversight by the Camp Director or his/her senior adult staff designee. Adults (19 years of age or old) supervise no more than 6 campers at all times. Chaperone/volunteers are subject to background investigation, including driving history record, and must provide proof of proper vehicle insurance.

Media Release: I further accept that Shiloh Adventure, Inc. and/or hired photographic vendor, may use still images, video or audio of the participant for advertising, website and/or public release.

Signature (Parent/Guardian for minors): _____ Date: _____

Please print name: _____

EMERGENCY TREATMENT AUTHORIZATION (optional): If I cannot be reached in case of emergency, I hereby give permission to the Physician chosen by the camp leadership to hospitalize, and if necessary, perform emergency treatment as needed for the camp participant named above.

Signature (Parent/Guardian for minors): _____ Date: _____

Please print name: _____

Notary

STATE OF FLORIDA

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, who is personally known to me or produced _____ as identification.

SEAL

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY and must be received by Shiloh Adventure, Inc. prior to, or upon arrival of the camp participant.

NOTE: A minor CANNOT remain at camp without a signed and notarized form on file.