



MEDICAL INFORMATION AND RELEASE FORM

Please use a separate form for each camper.

Camper Name _____ Age _____ Boy Girl

Home Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Other (____) _____

Each Camper must be immunized against the following: Polio, Measles, Rubella, Diptheria, Whooping Cough, and Tetanus.

Date of most recent Tetanus Shot ____/____/____

List any regular medications:

List any allergies (medications, food, insect bites, environment, etc.)

NOTE: If health history shows physical limitations or restrictions for rigorous camp activities, your camper is required to have a doctor's written permission for participation indicating any limitations.

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Medical Insurance Co. _____

Policy # _____ Phone _____

Over-the-Counter Medications: Shiloh Family Ministries will not dispense "over-the-counter" medications without the expressed written authorization of the parent or guardian. If it is your desire to authorize SFM employees or volunteers to dispense such medications to your minor age child, please place a check mark beside each medication listed below that is approved for dispensing. If spaces are left blank, SFM **WILL NOT** dispense that particular medication unless a physician or parent/guardian is contacted for approval.

____ Acetaminophen (Tylenol) ____ Aspirin ____ Ibuprofen (Advil, Motrin, etc.)

____ Decongestants ____ Antihistamines ____ Multi-symptom Cold Meds

____ Pepto Bismol ____ Antacids (Tums, Rolaids, etc.) ____ Anti-Diarrhea (Imodium, etc.)



MEDICAL AUTHORIZATION AND RELEASE

I hereby give permission for medical attention to be administered to my child, who is a minor, by those agents or agencies designated by Shiloh Family Ministries (SFM). Where my child is a minor, I authorize SFM to administer to my child those "over-the-counter" medications specifically noted above according to the prescribed directions for each. I agree to waive, hold harmless, and release Shiloh Family Ministries, its employees, and volunteers from any claim or course of action that might arise on behalf or myself, or my child who is a minor, as a result of my or his/her participation in the camp activities, other than a claim for the willful, wanton or reckless misconduct of Shiloh Family Ministries, its employees or its volunteers.

Printed Name of Parent/Guardian _____

Parent/Guardian Signature _____

Emergency Phone _____ Date _____

NOTE: THIS FORM MUST BE NOTARIZED

NOTARY

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

By _____, who is personally known by me or who has produced a _____ as identification.

Signature of Notary

Printed Name of Notary

My Commission expires _____

SEAL