



SHAKER
VILLAGE
— of Pleasant Hill —

Explorer Camp: Health History

All Campers need the following to complete camp registration:

- Health History (this form)
- Medication Administration Form
- Physical From Last 12 Months
- Immunization Record

Name of Camper _____

Date of Birth ____/____/____ Age _____ Gender _____

Week(s) Attending _____

Contact Information

Street Address _____

City _____ State _____ Zip _____

Legal Guardian #1 _____

Relation to Camper _____

Home Phone _____ Other Phone _____

Legal Guardian #2 _____

Relation to Camper _____

Home Phone _____ Other Phone _____

Primary Guardian's Cell Phone(s) _____

Email _____

Emergency Contact

Name _____ Phone _____

If parents are divorced or separated, who has custody? _____

Health History

Operations, injuries, diseases (please date) _____

Chronic or recurring illness or medical condition _____

Allergies / Dietary Restrictions _____

Are there any Day Camp activities (refer to website) that your child should NOT participate in due to health reasons, parental choice, or any other reason?

Parent Agreement

This health history is correct as far as I know. I understand that Shaker Village of Pleasant Hill does not carry health and accident insurance and that I am responsible for the health-incurred costs. My child may attend Shaker Village and engage in all camp activities except as noted on this form. I also grant Shaker Village and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety; and I fully release Shaker Village and its agents from liability in connection with those decisions.

I understand that my child must comply with camp rules and standards of behavior. I agree that Shaker Village has the right to enforce appropriate standards of conduct, and that Shaker Village may dismiss, without a refund, any camper who infringes on the rights of others. Further, I give permission for the use of photographs, slides or videotapes that may include my child to be used in promotional materials.

I hereby give Shaker Village permission to act on behalf of my child for treatment at a medical facility and to provide or arrange necessary related transportation. In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to secure and administer treatment for my child, including x-rays, injections, tests and hospitalization. In the event of a minor medical need, the camp staff has my permission to administer over-the-counter medications to my child according to the directions on the label.

Signature of Parent / Guardian _____

Date _____ / _____ / _____