



**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*

Home Address \_\_\_\_\_  
Street 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 so 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 of Pleasant Hill and engage in all camp activities except as noted on this form. I also grant Shaker Village of Pleasant Hill 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 of Pleasant Hill 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 of Pleasant Hill has the right to enforce appropriate standards of conduct, and that Shaker Village of Pleasant Hill 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 of Pleasant Hill 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*** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_