



Contact Information & Health History

All Camp forms are due no later than the Wednesday before the week your child will be attending camp. *No camper will be permitted to begin attending Camp if these forms have not been received.*

Health History Form (This Form)

Medication Administration Form (needed for any campers taking medication)

Physical From Last 12 Months

Immunization Record

Name of Camper _____

Date of Birth ____/____/____ Age (at time of Camp session) ____ Gender _____

Week(s) Attending _____

Contact Information

Home Address _____
Street City State Zip

Legal Guardian #1 _____

Relation to Camper _____

Primary Phone _____ Email _____

Legal Guardian #2 _____

Relation to Camper _____

Primary Phone _____ Email _____

Primary Camp Contact _____

This should be the primary person dropping off/picking up your camper and the first point of contact for Camp staff throughout the week of Camp. It may be your camper's legal guardian but could also be a grandparent or designated family friend.

Relation to Camper _____

Cell Phone _____ Email _____

Emergency Contact _____

Relation to Camper _____ Cell Phone _____

Health History

Operations, injuries, diseases (please date) _____

Chronic or recurring illness or medical condition _____

Allergies / Dietary Restrictions _____

Are there any Camp activities (refer to website) that your child should NOT participate in due to health reasons, parental choice, or any other reason? *(Please discuss with Camp Director before registering your child.)*

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 ____/____/____