

**Presbyterian Camp and Conference Centers, Inc.**

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**DUE June 15<sup>th</sup>, 2011**

**2011 SUMMER CAMP REGISTRATION & MEDICAL INFORMATION FORM**

Please print clearly in ink.

**1. BIOGRAPHICAL INFORMATION**

CAMPER: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ SEX  M  F

BIRTH DATE \_\_\_/\_\_\_/\_\_\_ GRADE NEXT SEPT \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF CHURCH ATTENDING (if any) \_\_\_\_\_ CITY \_\_\_\_\_

Have you been to either Big Bear or Rancho La Scherpa before?  Yes  No Have any of your siblings?  Yes  No

**PARENT/GUARDIAN** with primary custody: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone numbers where you can be reached during the week of camp:

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**The following person is legally restricted from seeing this camper:** (Please print clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**2. REGISTRATION INFORMATION:** Registering through  Church or  directly through PCCCI

NAME OF REGISTERING CHURCH \_\_\_\_\_ CITY \_\_\_\_\_

REGISTERING FOR CAMP

CAMP NAME \_\_\_\_\_

CAMP DATES \_\_\_\_\_

FEE \_\_\_\_\_

(Please Circle)

CAMPER / COUNSELOR \$ \_\_\_\_\_

**Fees include a \$75 NON-REFUNDABLE Deposit for each Camp attending**

CABIN MATE: (limit one) \_\_\_\_\_ (If registering through a Church and coming with that Church, the Church registrar will assign your cabin mate)

**3. MEDICAL INFORMATION** (Must be fully completed)

**CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION:** (i.e. Seizures, ADD, Diabetes, Depression, etc.) \_\_\_\_\_

**Is the camper an insulin dependant diabetic?**  Yes  No (If YES, please fill out the Diabetes Information Form available on our website.)

**History of Surgeries** (include type and date) \_\_\_\_\_

**History of Hospitalizations** (include date and reason) \_\_\_\_\_

**History of Medication Allergies:** (please include medication and reaction): \_\_\_\_\_

Is the camper currently taking any medications?  Yes  No

Current Medication	Dosage(mg)/Frequency	Type of Illness being treated
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If more than 3 medications are being used, please attach a separate sheet. If this information changes before camp, please report to PCCCI.

**May your camper be given non-prescription meds as determined by the RN or Nurse Practitioner?**  Yes  No

All prescription and non-prescription medications, including vitamins, must be turned into the camp nurse at Check-in.

This information will be kept confidential.

**Immunizations current?**  Yes  No **Last Tetanus Shot** (Given around ages 5 & 14): (Mo & Yr) \_\_\_/\_\_\_ This must be current!

**Has the camper had a complete Hepatitis B vaccine series?**  Yes  No

**ASTHMA?**  Yes  No Chronic? \_\_\_ Seasonal? \_\_\_ Exercise Induced? \_\_\_ **HEART DISEASE?**  Yes  No Explain: \_\_\_\_\_

**ALLERGIES?** (Check all that apply)

Foods-please list: \_\_\_\_\_  Milk  Insects/bees  Dust  Other: \_\_\_\_\_

Plants-please list: \_\_\_\_\_ **Circle symptoms from last attack:** Shortness of Breath /Hives/Tightness in Chest

**PHYSICAL HANDICAP?**  Yes  No Please explain \_\_\_\_\_

**DIETARY RESTRICTIONS:** \_\_\_\_\_ (We are not equipped to provide special diets)

**ACTIVITY RESTRICTIONS/LIMITATIONS:** \_\_\_\_\_

Please attach separate sheet to more fully explain any above conditions/concerns which could affect camper's health during week of camp.

**To help us deal tactfully with campers, please let us know if your child:**  Wets the bed  Has had recent changes/trauma which may impact emotional, physical or mental well-being **For Girls:**  Has started menstruating Explain items checked \_\_\_\_\_

**(PLEASE TURN OVER, FILL OUT, & SIGN)**

**CAMPER'S NAME:** \_\_\_\_\_

**IN CASE OF AN EMERGENCY** - if you cannot be contacted, please give us the name of a friend or relative:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_

**PHYSICIAN(S):** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**DENTIST/ORTHODONTIST:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**4. PARENTAL STATEMENTS AND PERMISSION**

**THE HEALTH HISTORY PROVIDED** on this form is correct and the camper herein described has my permission to engage in all camp activities except as noted previously.

**I WILL BE RESPONSIBLE** for notifying PCCCI of any *new medical information regarding this camper* between now and start of camp.

**I REALIZE** that individuals at camp can injure themselves without fault on the part of PCCCI personnel. I release PCCCI from responsibility for injury to my child.

**I UNDERSTAND** that PCCCI's camps at Bear and Rancho La Scherpa (particularly Rancho La Scherpa) are located in remote mountain regions and that emergency care, even by ambulance, can take as long as 90 minutes. The camper named above has no current condition that would warrant closer emergency medical care.

**I WILL INSTRUCT MY CHILD** to take responsibility for going to the Infirmary at scheduled times to take their medications.

**AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION** to the medical personnel selected by the camp director, to provide medical treatment for the above named camper as deemed necessary. This may include transportation to a medical facility. In the event of an emergency in which I cannot be reached, I hereby give my permission to the physician selected by camp medical personnel to secure & administer treatment, including hospitalization for the above named camper.

**I GIVE PERMISSION** on behalf of my child for the use of the following by PCCCI for promotional purposes: (a) pictures taken while at camp; (b) quotations from evaluations/letters relating to camp experience.

**I UNDERSTAND** that PCCCI assumes no responsibility for campers/counselors who leave camp grounds for any reason other than programmed activities.

**I UNDERSTAND** that if the above named camper participates in any illegal activity while at camp such as drinking alcohol, stealing or taking illegal drugs, they will be sent home immediately at the parent's expense. (*Parents will be notified before a child is sent home.*)

**I UNDERSTAND** that smoking by campers or counselors is not permitted while at camp and will so inform my child.

**I UNDERSTAND** that health and accident insurance protection is my responsibility. *See information below.*

**X Signature of Parent/Guardian:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(camper signs if 18 years or older)

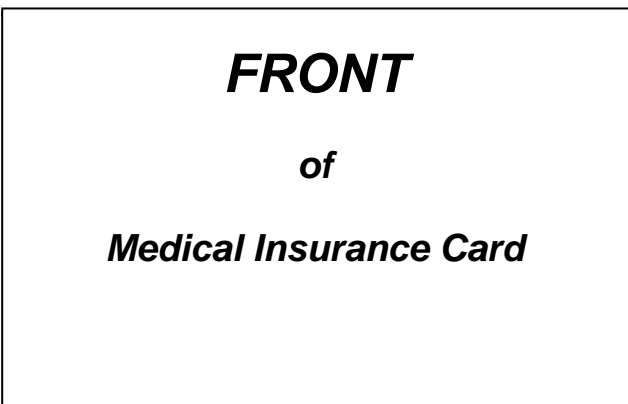
**5. INSURANCE INFORMATION** Please include Social Security Number of primary holder \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you carry family medical insurance?  Yes  No If yes, name of company: \_\_\_\_\_

Policy or group # \_\_\_\_\_ Address: \_\_\_\_\_

**Please make a copy of the camper's health insurance card - front & back - cut out & attach with tape.  
No staples, please.**

Front of insurance card



Back of insurance card

