

Presbyterian Camp and Conference Centers, Inc.

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Web page: www.pccci.org E-mail: registration@pccci.org

DUE 3 WEEK PRIOR TO CAMP SESSION

SUMMER CAMP REGISTRATION & MEDICAL INFORMATION FORM

Please print clearly in ink.

1. BIOGRAPHICAL INFORMATION

CAMPER: LAST NAME _____ FIRST NAME _____ 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 Big Bear Christian Conference Center before? ☐ Yes ☐ No Have any of your siblings? ☐ Yes ☐ No

PARENT/GUARDIAN with primary custody: _____ Relationship: _____

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

Daytime phone: (____) _____ Evening phone: (____) _____ Pager: (____) _____ Cell: (____) _____

Email Address _____

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

Last Name: _____ First Name: _____ Relationship: _____

2. REGISTRATION INFORMATION

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)

If attending camp with a church, what is the name of Church: _____

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 in to 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. (A brochure describing activities can be downloaded at www.bigbearconferencecenter.com)

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 camp at Big Bear Lake is located in a remote mountain region and that emergency care, even by ambulance, can take up to 15 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

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

FRONT

of

Medical Insurance Card

BACK

of

Medical Insurance Card