

Pinecrest Emergency Medical Form



Name _____ Birth Date _____ Age _____ Gender: M F
Last First

Address _____ City, St, Zip _____

Parent/Guardian _____ Email _____

Home Phone Phone (_____) _____ Cell Phone Phone (_____) _____

Medical Information

Emergency Contact: _____

Relation to Camper: _____ Phone (_____) _____

Insurance Carrier: _____ Policy # _____

Physician Name: _____ Phone (_____) _____

- Does camper have diabetes? Yes No When do they take medication? _____
 Has camper had a tetanus shot? Yes No Date of shot? _____
 Does camper have any allergies? Yes No List allergies: _____

Check ALL applicable conditions:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Bee sting or insect bite reactions <input type="checkbox"/> Food allergies <input type="checkbox"/> Hay fever / sinus problems <input type="checkbox"/> Asthma <input type="checkbox"/> Sending RX <input type="checkbox"/> Back or neck problems <input type="checkbox"/> Bed-wetting (currently) bowel problems <input type="checkbox"/> Epilepsy or seizure disorder fainting <input type="checkbox"/> Headache <input type="checkbox"/> Heart condition <input type="checkbox"/> Nose bleeds <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Sending Rx (history of) <input type="checkbox"/> Child requires medical aide / supervision at all times | <ul style="list-style-type: none"> <input type="checkbox"/> Recent broken bones or other injuries
Date of injury: _____
Type of injury: _____
Activity restrictions: _____ <input type="checkbox"/> Recent surgery
Date of surgery: _____
Type of surgery: _____
Activity restrictions: _____ <input type="checkbox"/> Vegetarian <input type="checkbox"/> Sleep walking <input type="checkbox"/> Diabetic <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Special ED <input type="checkbox"/> EIP <input type="checkbox"/> Psychiatric / emotional
Illness _____ |
|--|--|

Non-Prescription Medication Available at Pinecrest

The medications listed below are kept in stock; do not feel obligated to send any of these items. Please check each box below to indicate your permission for the listed medication to be administered by your group's nurse or an authorized staff member. We will not administer any medication without your authorization.

Yes	No		Yes	No	
		Benadryl (itch, insect bite, sinus)			Pepto Bismol (diarrhea)
		Caladryl Lotion (Poison Oak)			Hydrocortizone Cream (itch/rach)
		Mylanta/Tums (upset stomach)			Polysporin Topical (minor cuts/burns)
		Robitussin (cough)			Betadine (disinfectant)
		Claritin (allergies)			Non-Pseudo (sinus)
					Tylenol (head/muscle aches / cramps)
					Cough Drops (cough)
					Milk of Magnesia (constipation)
					Ibuprofin (pain reliever, fever reducer)

Please list below all medications your camper will be bringing to camp:

Medication 1 _____ Frequency and Dosage _____

Purpose _____

Doctor's name _____ Phone number (_____) _____

Medication 2 _____ Frequency and Dosage _____

Purpose _____

Doctor's name _____ Phone number (_____) _____

Are there any medical conditions camp personnel need to be aware of? _____

Are there any special needs or restrictions on activities for the camper? _____

Please initial all boxes

_____ **Authorization for Medical treatment - (INITIALS REQUIRED OR CAMPER CANNOT BE TREATED)**

The undersigned hereby authorizes the Managers of Pinecrest and/or the Church/Group listed on this form to act as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care for myself or my minor child (if applicable), which is deemed advisable and rendered under the general or special supervision of any physician or surgeon licensed under the Medical Practice Act or any dentist licensed under the Dental Practice Act, at a hospital or other appropriate facility. This authorization is intended to apply in situations where I cannot be reached in a timely manner and shall cover all necessary treatment decisions during the camper's stay. The designated agent is further authorized to make decisions concerning the health and general welfare of myself or my child. I also authorize medical personnel to provide routine health care, administer medications, release any medical records required for insurance purposes, and arrange or provide transportation as needed. I have read and understand this medical release and give my full consent for treatment under these terms.

Medication Notification: Pinecrest keeps a limited supply of non-prescription medications in stock, such as common over-the-counter remedies. Parents or guardians are not required to send these items, but must indicate permission for them to be administered by the group's nurse or an authorized staff member. No medication—whether prescription or over-the-counter—will be given without proper authorization. All medications brought to camp must be turned over to the camp nurse and will remain in their possession for the duration of the camp session. Medications must be in their original containers, clearly labeled with the camper's name and correct prescription information. Expired medications will not be administered under any circumstances. By signing below, I acknowledge that I have read and understand the requirements for submitting and authorizing my camper's medications.

_____ **Physical Activity & Transportation Release - (INITIALS REQUIRED FOR CAMPER TO PARTICIPATE)**

Pinecrest activities include, but are not limited to, hiking, swimming, basketball, volleyball, soccer, archery, axe throwing, rock climbing wall, softball batting cage, and zip line. I understand that participation in these activities involves inherent risks of injury, illness, or even death. I voluntarily consent to my own and/or my child's participation in these activities and assume all such risks, whether known or unknown. I hereby release and discharge Pinecrest Christian Conference Center, its officers, staff, agents, and volunteers, as well as the church/group listed above, from any and all liability, claims, or demands arising out of or related to any injury, damage, or loss that may be sustained during participation in any activity or while on camp premises, whether caused by negligence or otherwise.

I agree to indemnify and hold harmless Pinecrest from any claims arising from my or my child's actions while participating. I also authorize Pinecrest staff to transport my child for off-site activities, medical emergencies, or other camp-related needs, understanding that this release applies to those circumstances as well. Please list any activities you do **not** want your child to participate in: _____

Camp insurance: Camp-provided insurance is secondary and begins only after the limits of the individual's and/or church's primary health and accident insurance have been reached. In the absence of personal or church insurance, the camp's policy will offer accident coverage only, within the limits of its terms. This coverage does not extend to illness or non-accident-related medical issues

Consent:

I hereby give permission for my child to attend camp as indicated. By signing below, I acknowledge that I have read and agree to the camp's policies and guidelines. I understand that camp activities may include physical, outdoor, and group-based events, and I voluntarily assume all associated risks on behalf of my child. IN CASE OF EMERGENCY: I authorize the Camp Director or their representative to arrange emergency transportation and to secure medical treatment, including hospitalization, injections, anesthesia, or surgery, as deemed necessary by licensed medical personnel, for my child (or for me if over age 18). I release and hold harmless Pinecrest Christian Conference Center, the SoCal Network, Assemblies of God, and their employees, officers, volunteers, and agents from any and all liability for accidents, injuries, or medical decisions made on behalf of my child. I grant full permission to SoCal Network to use photographs and/or video recordings of the individual named above for the purpose of camp promotion in print, online, or other media.

SIGNATURE _____

DATE _____