

This is information ***required by Pinecrest*** to be included in any registration form you chose to use OR you may choose to use this form, just duplicate and use.

Pinecrest Christian Conference Center and / or: _____
(Church group or Name)

CAMPER / STAFF REGISTRATION (This is required by anyone staying as Pinecrest)

Date attending camp: Month: _____ Day: _____ Year: _____
Church / Group name: _____ Church / Group phone: _____
Name: _____ Gender: M ____ F ____
Address: _____
Home phone number: _____ Cell phone: _____ E-mail: _____
Parent or guardian: _____
School Attending: _____ Grade: _____ School District: _____

CAMPER / STAFF HEALTH INFORMATION

Name of Primary Medical Insurance: _____ Policy# _____
Physician name _____ Physician phone # _____
Does camper have any allergies you would like us aware of? _____
Does camper have any disease you would like us aware of? _____
Does camper have any dietary modifications? _____
Does camper have up to date immunizations? _____
Date of last known Tetanus shot? _____
Does Camper have any medical issues you would like us aware of? _____

Check ALL applicable conditions

Bee Sting or insect Bite Reactions	Recent Broken Bones or Other Injuries
Food Allergies	Date of Injury: _____
Hay Fever/Sinus Problems	Type of Injury: _____
Asthma Sending RX	Activity Restrictions: _____
Back or Neck Problems	Recent Surgery
Bed-wetting (currently) Bowel Problems	Date of surgery: _____
Epilepsy or seizure disorder Fainting	Type of surgery: _____
Headache	Activity Restrictions: _____
Heart Condition	Vegetarian
Nose Bleeds	Sleep walking (history of)
ADD ADHD Sending RX	Diabetic Type 1 Type 2
Child requires medical aide / supervision at all times	Special Ed EIP 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 Groups Nurse or an authorized staff member. We will not administer any medication without your authorization.

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

Prescriptions for minors: (including Asthma/ADD/insulin/Epi-kit) any prescribed medicine or inhaler must be given the sponsoring organization for the camper’s use under supervision. All medications must be sent in their original prescription container.

*Are you sending prescription or non prescription medication with your child? **YES** ___ **NO** ___

*If yes, please list and detail dosage information _____

please initial all boxes and sign below

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

Initial

The undersigned do hereby authorize Managers of Pinecrest LLC and/or Church/group listed as agents for the undersigned, to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care for myself or listed family member, which is deemed advisable by the rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the dental Practice act, at a hospital or elsewhere. The above mentioned agent is authorized to make decisions concerning the health and general welfare of myself or listed family member. I give permission to the medical personnel selected by Pinecrest to provide routine health care, to administer medications; to release may records necessary for insurance purposes: and to provide or arrange necessary transportation for myself or listed family member for the duration of the stay at Pinecrest.

_____**Physical Activity Release**

Initial

Pinecrest activities include, but are not limited to, **hiking, swimming, basketball, volleyball, soccer, archery skateboard park, rock climbing wall, trampoline bungee, jumper, softball batting cage, golf driving cage, zorb water hamster ball and zipline.** There are risks of physical injury or harm from participating in any of the activities listed above. I voluntarily elect myself or family member listed to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Pinecrest, its officers, employees, and agents and/or Church/group listed from all liability for any injury or harm to me or my family member listed from participating in said activities. I have read and understood this release. Please list any activities that are highlighted and italicized above that you do not want to have camper

participate in _____

SIGNATURE OF ADULT CAMPER OR PARENT / GUARDIAN OF CAMPER

X _____ **DATE** _____