

## **BIG BEAR LAKE CHRISTIAN CONFERENCE CENTER**

## **GUEST GROUP REGISTRATION & MEDICAL INFORMATION FORM**

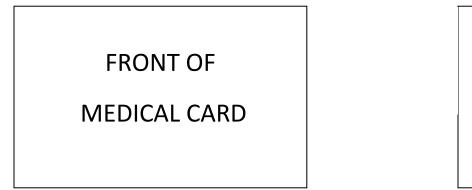
GUEST GROUP NA	ME			DATES OF ATTENDANCE			
CAMPER LAST NA	ME		FIRST I	NAME			
GENDER 🗆 M 🗆	F						
HOME PHONE (	)		E-MAIL				
			C				
MINORS ON	LY:						
Age While Att	ending Car	mp					
PARENT/GU	ARDIAN V	vith primary cust	tody:				
					ers where you can be reached during the week of camp:		
Daytime	phone (	)	Evening phone (	)	Cell (	)	
			icted from seeing this ca		Dala	tionchin	
Last	ame:		First Name:		Rela		
<ul> <li>A. A chronic o</li> <li>B. Any recent</li> <li>C. Any allergie</li> <li>D. Up to date 14): (Mo &amp;</li> <li>E. Allergies? [</li> <li>F. Asthma? []</li> </ul>	r recurring hospitalizat es to medic immunizat Yr) ] Yes $\Box$ No Yes $\Box$ No	illness or medica tions and/or surg ation? (include n ions (as required 	e list all items allergic to an nronic/Seasonal/Exercise In	ADD, depres sons in expla xplanation):   es	ssion, etc.)	No Shot (Given around ages 5 & in explanation.)	
		No 🗆 betes? 🗆 Ves T	H. A physical/mental/ps			pecial treatment?  Ves  No	
						ovide special diets) 🗌 Yes 🗌 No	
Please fully expla	ain all yes	answers here.	. Indicate the letter of the	item being a	ddressed. Attach a	separate sheet as necessary.	
dosage and must b	<b>itly taking</b> e turned in t <b>Medicatic</b>	to the Health Su	ons?  Yes  No (prescrip upervisor.) Dosage(mg)/ Fr		-	al bottle with camper name and	

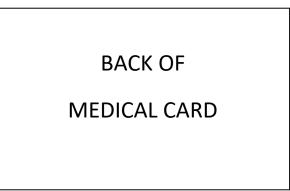
2. 3.

If more than 3 medications are being used, please attach a separate sheet. If this information changes before camp, please inform the Health Supervisor.

May Camper be given non-prescription medications (i.e cough and cold medication, ibuprofen, etc.)? list any over-the-counter medications that may not be given:

**INSURANCE INFORMATION** – Does camper have medical insurance? 
Yes 
No - If yes, provide a copy of the front and back of vour card below;





## PARENTAL STATEMENTS AND PERMISSION FOR CAMP

**I GIVE PERMISSION** for the use of the following by BBLCCC for promotional purposes: (a) pictures taken while at camp; (b) quotations from evaluations/letters relating to camp experience; (c) video tape or audio recordings.

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 may be sent home immediately at the parent's expense.

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

I REALIZE that individuals at camp can injure themselves without fault on the part of BBLCCC and release BBLCCC from responsibility for injury to this camper.

I UNDERSTAND that Big Bear Lake Christian Conference Center 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 GIVE PERMISSION to the medical personnel selected by the Health Supervisor, to provide emergency 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 and administer treatment, including hospitalization for the above-named camper.

## X Signature of Parent/Guardian:

(Camper signs if 18 years or older)

Print Name: \_\_\_\_\_ Date: \_\_\_\_