

BIG BEAR LAKE CHRISTIAN CONFERENCE CENTER

Phone: 909 866-2360 Fax: 909 866-2857 Email: Registration@bblccc.com

GUEST GROUP REGISTRATION & MEDICAL INFORMATION FORM

GUEST GROUP NAME	DATES C	DF ATTENDANCE
CAMPER LAST NAME	FIRST NAME	
GENDER M F		_
HOME PHONE ()	E-MAIL	
	CITY	
MINORS ONLY:		
Age While Attending Camp		
PARENT/GUARDIAN with primary of	custody:	
	Phone numbers where you c	
Daytime phone ()	Evening phone ()	Cell ()
The following person is <u>legally re</u>	<u>stricted</u> from seeing this camper: First Name:	Rolationship
Last Name:	FIISt Name:	Relationship
Name:	ontact: (For minors provide a friend or relative o	
Daytime phone: ()	Evening phone: ()	Cell: ()
MEDICAL INFORMATION		
A. A chronic or recurring illness or m B. Any recent hospitalizations and/or C. Any allergies to medication? (inclu D. Up to date immunizations (as rec 14): (Mo & Yr)/ E. Allergies? ☐ Yes ☐ No (If yes, p F. Asthma? ☐ Yes ☐ No - If yes, is is G. Heart disease? Yes ☐ No ☐ I. Insulin dependent diabetes? ☐ Yes K. Hepatitis B vaccine series? ☐ Yes	lease list all items allergic to and symptom(s) of it: Chronic/Seasonal/Exercise Induced? (circle on H . A physical/mental/psychological condices \square No J. Activity Restrictions/Limitation	, etc.) Yes No on): Yes No es No es No of Last Tetanus Shot (Given around ages 5 & f allergy attacks in explanation.) ee and explain) ition requiring special treatment? Yes No s? Yes No ot equipped to provide special diets) Yes No
dosage and must be turned in to the Heal Current Medication 1.	Dosage(mg)/ Frequency	nust be in original bottle with camper name and Type of Illness being Treated

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

	nedications that may not be given:	
	ION FOR UNACOMMPANIED MINORS and back of your card below:	- Does camper have medical insurance? ☐ Yes ☐ No - If yes,
FRON	NT OF	BACK OF
MEDICA	AL CARD	MEDICAL CARD
	AND PERMISSION FOR CAMP	
E HEALTH HISTORY PR vities unless noted above EALIZE that individuals try to this camper. INDERSTAND that Big Be ambulance, can take up to dical care. IVE PERMISSION to the twe-named camper as de- tannot be reached, I hereb atment, including hospita	e. at camp can injure themselves without for the camp can injure themselves without for the camper named above to 15 minutes. The camper named above the medical personnel selected by the Heat emed necessary. This may include transpose give my permission to the physician subject of the above-named camper. Tent/Guardian:	fault on the part of BBLCCC and release BBLCCC from responsibility for solutions to a remote mountain region and that emergency care, even be has no current condition that would warrant closer emergency with Supervisor, to provide emergency medical treatment for the sportation to a medical facility. In the event of an emergency in which selected by camp medical personnel to secure and administer
	Print Name:	Date:
	Print Name:	IVAL – FOR ALL GUEST:
Temperature 1. Has camper/staff ediarrhea, other flu 2. Does camper/staff 3. Has camper/staff b		IVAL – FOR ALL GUEST: whether or not can go/remain at camp) within the last 24 hours: sore throat, headache, nausea, vomiting, lice, pink eye, etc?)□ Yes □ No nyone who exhibited any of the symptoms in 1 or 2? (requires a)□ Yes □ No
 Has camper/staff ediarrhea, other flu Does camper/staff Has camper/staff Explain any yes and Result of Screening:	(if over 100 must determine wexhibited any of the following symptoms like symptoms? ☐ Yes ☐ No display other transmissible conditions? (been exposed within the last 48 hrs. to all while at camp, not a reason to stay home inswers	IVAL – FOR ALL GUEST: whether or not can go/remain at camp) within the last 24 hours: sore throat, headache, nausea, vomiting, lice, pink eye, etc?)□ Yes □ No nyone who exhibited any of the symptoms in 1 or 2? (requires a)□ Yes □ No
Temperature 1. Has camper/staff ediarrhea, other flu 2. Does camper/staff 3. Has camper/staff becloser monitoring v 4. Explain any yes and Result of Screening: Verified accuracy and/or	(if over 100 must determine wexhibited any of the following symptoms like symptoms? ☐ Yes ☐ No display other transmissible conditions? (been exposed within the last 48 hrs. to all while at camp, not a reason to stay home inswers	IVAL – FOR ALL GUEST: whether or not can go/remain at camp) within the last 24 hours: sore throat, headache, nausea, vomiting, lice, pink eye, etc?)□ Yes □ No nyone who exhibited any of the symptoms in 1 or 2? (requires e)□ Yes □ No