

2010 PCJC FAMILY CAMP

HEALTH FORM

FOR MIDDLE HIGH, SENIOR HIGH AND GENESIS PROGRAMS

(Everyone, including staff members, must complete and return this form.)

(Please print clearly)

Name _____ Male Female
(Last) (First)

Address _____ Home Phone (_____) _____

City _____ State _____ Zip _____ Cell/Work No. (_____) _____

Birthdate (Mo/Day/Yr) _____ Age (in Sept) _____ Program _____
(Middle High / Senior High / Genesis)

Conference church through which you are registering: _____

Special Needs: List any medical limitations, allergies, dietary needs, medications taken or if you have a learning or behavioral disability (ADD, dyslexia, etc.) Use back of medical form, if needed. If you will be using an inhaler or taking any prescription or over-the-counter medications, you must also fill out a Medication/Inhaler Authorization Form, which can be obtained from your church office or the PCJC website.

Have you had a tetanus shot within the last ten years? Yes No Give date if known: _____

We are doing everything on our end to avoid a repeat of last year's flu epidemic. We encourage you to take preventative measures such as getting a flu shot as a precaution.

Name of primary person who holds the insurance: _____

Name of medical insurance carrier: _____

Group/Family No: _____ Medical Record No. _____

Physician's name: _____ Physician's phone number: (_____) _____

NOTE TO THE PARENT(S): If your child has emotional needs/issues and/or is receiving counseling, please enclose a "Confidential" letter addressed to the Camp Director explaining the situation. He/she may call you or request a meeting with you to discuss how to handle any problems that may arise while your child is at camp.

Parent's Agreement & Authorization for Medical Treatment (for conferees age 17 and under)

I, the undersigned parent (or guardian) of the above-named minor, do hereby give my permission for him/her to attend the PCJC Family Camp. I have read the camp rules and agree to pay all expenses in the event the above-named child needs to be sent home. I also hereby give my permission for any medical treatment needed in the event of an emergency.

Parent/Guardian Signature Print Name

Parent(s) attending camp? Yes No If parent(s) not attending camp, please fill out information below:

Mother's Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Father's Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Cell Phone: (_____) _____ Beeper No.: (_____) _____

If parent(s) cannot be reached, give name and phone number(s) of an additional person to contact in case of emergency:

Name: _____ Relationship: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____