

Pine Springs Ranch

Health History & Examination Form for Children, Youth, & Adults

Attending Camp

Mail this form to:
PSR Summer Camp
PO Box 38
Mountain Center, CA 92561-0038



Information collected on this form is not part of the staff or volunteer acceptance process but is gathered to assist in identifying appropriate care. If you are an adult, please fill out the form yourself; if you are a minor, a parent/guardian may assist you and **must** sign wherever a signature is required.

Full Legal Name: _____

Birthdate: _____ Gender: Male / Female Age: _____

Home Address: _____ State: _____ Zip Code: _____

Phone 1: () _____ Phone 2: () _____

Email Address: _____@_____.com

Emergency Contact #1 (Name): _____

Phone 1: () _____ Phone 2: () _____

Email Address: _____@_____.com

Emergency Contact #2: (Optional) _____

Phone 1: () _____ Phone 2: () _____

Email Address: _____@_____.com

Emergency Contact #3: (Optional) _____

Phone 1: () _____ Phone 2: () _____

Email Address: _____@_____.com

Operation(s) or serious injuries: (please provide description & dates)

Chronic or recurring illness or medical condition: (please provide description)

Other diseases or dietary restrictions: (please provide description)

Current medications*:

Drug Name

Dosage

Frequency

_____	_____	_____
_____	_____	_____
_____	_____	_____

*Do you currently require any medication that might impair your ability to perform the essential functions of the camp staff position you've been hired to perform?

_____ Yes, and I will speak to the camp healthcare provider about my medication (OTC or otherwise).

_____ No, I am currently not on any medication that could interfere with my ability to perform my assigned duties.

Staff Initials: _____

Parent/Guardian Initials (if under 18): _____

Current vitamins and/or dietary supplements:

Name

Dosage

Frequency

_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and contact information of dentist/orthodontist:

Name and contact information of physician:

Date of Last Physical Examination*: _____

*Please attach a copy of your most recent physical to this form. If your most recent physical was completed on or before July 27, 2019, you will need to have another physical completed before the start of camp.

Insurance policy number and preferred provider of medical care:

Health History

(please provide approximate dates on the line provided)

Frequent Ear Infections: _____

Heart Defects/Disease: _____

Respiratory Disorders: _____

Sleep Apnea: _____

Frequent Nose Bleeds: _____

Frequent Sore Throat/Trouble Swallowing: _____

Hearing Loss: _____

Changes in Vision: _____

Convulsions/Seizures: _____

Frequent Headaches: _____

Health History (continued)

(please provide approximate dates on the line provided)

Diabetes: _____

Bleeding/Clotting Disorders: _____

Hypertension: _____

Mononucleosis: _____

Chicken Pox: _____

Mumps: _____

Measles: _____

German Measles: _____

Allergies (please list all types and the incurred reaction):

Do you have an EPI Pen/Device or inhaler? Yes / No

If yes, please list which one and the reason you need it:

Immunizations:

(please provide month and year for each)

Last Tetanus (Td/Tdap) shot: _____ or Exempt?*

Last flu vaccination: _____ or Exempt?*

Hepatitis B: _____ or Exempt?*

*If Exempt, an additional form will need to be completed.

Suggestions on health-related information for camp personnel:

Any other restrictions/medical conditions:

For Minors Only

(to be completed by a parent/guardian)

Please list any and all restrictions for your child:

This health history is correct to the best of my knowledge and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care (including but not limited to: providing over the counter medications and first aid on minor cuts, sprains, bruises, etc.), administer prescription medication if necessary, and seek emergency treatment as necessary. In the event of an emergency, I give permission to the physician selected by the Camp Director to secure and administer treatment, including but not limited to: ordering injections, x-rays, hospitalization, anesthesia, and/or surgery. PSR Camp and its medical personnel have my permission to release any records necessary for insurance purposes and to provide/arrange necessary related transportation. This completed form may also be utilized for trips off camp property.

Signature of Staff Member: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness (please print): _____ Date: _____