

**Pine Springs Ranch
Health History & Examination Form
for Children, Youth, & Adults
Attending Camp**

Mail this form (now - June 10th)
11330 Pierce Street
PO Box 79990
Riverside, CA 92513-1990

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. (This side to be filled in by parent/guardian or minors or by adult staff members themselves.)

Name: _____ Birthdate: _____ Sex: _____ Age: _____

Home Address: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone: () _____

Email Address: _____ @ _____ .com Phone: () _____

Emergency Contact: _____ Phone: () _____

Email Address: _____ @ _____ .com Phone: () _____

Operation(s) or serious injuries: (please provide description & dates)
Chronic or recurring illness or medical condition (please provide description)
Other diseases or dietary restrictions:
Current Medications:
Date of last tetanus (or indicate if unknown)
Name of dentist/orthodontist & phone number:
Name of physician & phone number:
Insurance policy number and preferred provider of medical care:

**Pine Springs Ranch
Health History & Examination Form
for Children, Youth, & Adults
Attending Camp, Page 2**

After June 10th
PSR Camp
PO Box 38
Mountain Center, CA 92561

Suggestions on health-related information for camp personnel:

Any other restrictions:

Health History

(Please provide approximate dates on the line provided)

Frequent Ear Infections: _____

Heart Defect/Disease: _____

Convulsions: _____

Diabetes: _____

Bleeding/Clotting Disorders: _____

Hypertension: _____

Mononucleosis: _____

Diseases

Chicken Pox: _____

Mumps: _____

Allergies

Please list: _____

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.

Signature: _____ Date: _____

Witness (Please print): _____ Date: _____