



SacramentoCamps is a ministry of the Sacramento District Church of the Nazarene - an organization of individual churches from the Nazarene denomination that are located in the Sacramento, Sierra, and Western Nevada regions. The Church of the Nazarene is a Protestant

Christian church in the Wesleyan-Holiness tradition. Our mission is to share the good news that Jesus Christ is the source of hope for our lives and to spread the message of Christ until everyone has heard it.

STUDENT INFO

First Last M / F Gender Birthdate (MM/DD/YY) Grade in Fall

Address City State Zip

() - Phone Number Email Address Church

The below named Parent/Legal Guardian of the minor has entrusted the Camper into the care of the Agent as a duly authorized representative of the Organization, while the minor participates in an activity sponsored by the Organization for the welfare of the Camper.

The Parent hereby authorizes the Agent to consent to any x-ray examination, anesthetic, medical or surgical diagnosis/treatment and hospital care, which is deemed advisable by and is to be rendered under the general or special supervision of any Physician/ surgeon licensed under the provisions of the California Medical Practice Act or the laws of the State/County in which the medical care is being sought, and on the medical staff of any hospital; or the consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the minor by any dentist licensed under the California Dental Practice Act or the laws of the State or County in which the dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical/ surgical diagnosis or treatment and hospital care being required, but is given to provide authority/power on the part of the Agent to give specific consent to any such examination, anesthetic, diagnosis, treatment, or hospital care which the surgeon/physician, and/or dentist, in the exercise of his/her best judgment, may deem advisable. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California, and similar provisions of the laws of the State/County in which the medical or dental care is being sought.

The Parent hereby authorizes any hospital, which has provided treatment to the Camper to surrender custody of the Camper to the Agent upon completion of treatment. Authorization is given pursuant to Section 1283 of the Health Safety Code of California, and similar provisions of the laws of the State/County in which the medical or dental care is being provided.

The Parent hereby agrees to fully pay all cost of medical or dental care incurred for the Camper by the Agent, or the Organization under this authorization. Unless sooner revoked in writing delivered to Agent, these authorizations shall remain effective until 08/01/2016.

I understand that pictures will be taken at camp of my child and may be used as promotion for future camps.

Parent/Guardian Print

Parent/Guardian Signature Date / / 2017

Which Camp?

- Kids Camp / Grades 2 to 4 / July 24 - 27
Camp 56 / Grades 5 to 6 / July 27 - 30
Junior High Camp / Grades 6 to 8 / June 27 - 30
High School Camp / Grades 9 to Grad / July 3 - 7

*ALL online registration deadlines are due by 11:59PM on chosen day. Online registration is available until 48 hours prior to the beginning of each camp.

**EVERYONE attending camp must fax in or bring this form as a Medical Release for leadership of the camps to seek medical treatment if deemed necessary by the onsite medic.

Emergency Contact

PRIMARY

First Last Relation (____)____ - _____
BEST Phone Number

Address City State Zip

SECONDARY

First Last Relation (____)____ - _____
BEST Phone Number

Address City State Zip

Medical Information

Camper First Camper Last Name of Insured Relationship to camper

Carrier Policy Number (____)____ - _____
Phone Number

Medication ____ none

All prescribed medication must be in original bottles with original label.

Medication For? Day/Time

Allergies/Restrictions ____ none

_____ (initial) I give permission to administer Tylenol/Advil to above camper as needed.

Mail to:

Sacramento Camps
ATTN Registrar
1184 East Ave
Chico, CA 95926

Other important info:

Phone: 530 715 0317
Fax: 866 518 1857
Registrar email:
kelsey@sacramentocamps.org