Medical Release Form 2023



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.

CAMPER INFO

| | | | M/F | |
|--|--|--|--|---|
| First | Last | | Gender | Birthdate (MM/DD/YY) Grade in Fa |
| a duly authorize | | | | the Camper into the care of the Agent a or participates in an activity sponsored |
| the Camper. | | Which Car | np? | |
| Agent to consene examination, and surgical diagnost hospital care, we advisable by and under the gener supervision of a licensed under the California Medical care is a the medical care is a the consent to a anesthetic, dent diagnosis or treat to the minor by under the California by | nesthetic, medical or sis/treatment and hich is deemed is to be rendered al or special ny physician/ surgeon he provisions of the cal Practice Act or the cal Practice in which the being sought, and on f of any hospital; or ny x-ray examination, | \$310 or registra Big Kids \$310 or registra Middle \$335 or on regis High So \$335 or on regis | line by Jun 19 tion S Camp / Gra line by Jun 19 tion School Cam line by May 2 stration Chool Camp line by May 2 stration | es 2 to 4 / July 17 - 20 19, 2023, \$335 by Jul 14, \$360 walk-or rades 4 to 6 / July 21 - 24 19, 2023, \$335 by Jul 14, \$360 walk-or np / Grades 6 to 8 / June 24 - 28 22, 2023, \$360 by Jun 16, \$385 walk- o / Grades 9 to Grad / June 20 - 20 22, 2023, \$360 by Jun 16, \$385 walk- |
| surgical diagnos the part of the A hospital care wh deem advisable. | is or treatment and hosp gent to give specific consideration the surgeon/physicial Authorization is given p | pital care being sent to any suc an, and/or dent oursuant to the | required, but h examination list, in the exe provisions of | ray examination, anesthetic, medical/ t is given to provide authority/power or on, anesthetic, diagnosis, treatment, or ercise of his/her best judgment, may f Section 25.8 of the Civil Code of which the medical or dental care is bein |
| custody of the C Section 1283 of | amper to the Agent upor | n completion of of California, an | treatment. Au | tment to the Camper to surrender authorization is given pursuant to ovisions of the laws of the State/County |
| Agent, or the Or | by agrees to fully pay all ganization under this au tions shall remain effecti | thorization. Ur | iless sooner re | re incurred for the Camper by the revoked in writing delivered to Agent, |
| I understand the | at pictures will be taken | at camp of my | child and may | y be used as promotion for future camps |
| Parent/Guardia | n Print | | | |
| Parent/Guardia | n Signature | | | /2023 |

registrar@sacramentocamps.org

Medical Information

Chico, CA 95926

| Camper First | Camper Last | Name of In | sured | Relationship to camper |
|--|---------------------------------------|--------------------------|----------------|------------------------|
| | | | (| () - |
| Carrier | I | Policy Number | | Phone Number |
| Medication All prescribed medi | none ication must be in original b | ottles with original lab | el. | |
| Medication | I | or? | | Day/Time |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (Initial) | I give permission to adm | inister Tylenol/Advi | il to above ca | amper as needed. |
| | | | | |
| Mail to: | | Other impo | rtant info: | |
| Sacrame | ento Camps | Phor | ne: 5 | 30 282 5122 |
| ATTN R | • | Fax: | | 66 518 1857 |
| 1184 Ea | st Ave | Regi | strar email | 1: |