



**Medical Release Form 2025**

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	Gender at Birth	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 08/01/2021.

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

\_\_\_\_\_  
Parent/Guardian Print

\_\_\_\_\_/\_\_\_\_\_/2025  
Parent/Guardian Signature      Date

Online registration also available with more payment options. See SacramentoCamps.org for details.

**Which Camp?**

- Kids Camp / Grades 2 to 4 / June 27 - 30  
\$335 online by May 30, 2025, \$385 by June 24  
\$395 walk-on registration
- Big Kids Camp / Grades 4 to 6 / July 01 - 04  
\$335 online by Jun 03, 2025, \$385 by June 28  
\$390 walk-on registration
- Middle School Camp / 6 to 8 / June 16 - 20  
\$375 online by May 27, 2023, \$425 by Jun 20,  
\$435 walk-on registration
- High School Camp / 9 to Grad / June 21 - 25  
\$375 online by May 22, 2023, \$425 by Jun 18,  
\$435 walk-on registration

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

Horizontal lines for medication details

Allergies/Restrictions none

Horizontal lines for allergies/restrictions

(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: 530 282 5122 Fax: 866 518 1857 Registrar email: registrar@sacramentocamps.com