

CHILDREN & YOUTH REGISTRATION & MEDICAL RELEASE FORM - 2019

District Family Camp, July 31-Aug. 4, 2019, a ministry of the Sacramento District Church of the Nazarene,
6235 S. Walnut Street, Loomis, CA 95650, (916) 652-1193, www.sacnaz.org.

① Participant Information (must complete on behalf of all participants under the age of 18)

Last Name:		First Name:		Male		Female	
Date of birth	Month:	Day:	Year:	Grade in School – Fall 2019:			
Church Name & City:							

② Participant Medical Information (must complete on behalf of all participants under the age of 18)

Allergies/Physical Restrictions:	
Please list all medications (must be in bottles with original label):	None
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I give permission to administer Tylenol/Advil to the named Participant as needed.	Please initial:

③ For Child Participants Only (Required for all Kindergarten – 5th Grade Participants)

Please mark the appropriate options for your Child/Participant:

My 5th Grader may leave a scheduled program by themselves with Agent's permission:	Yes		No	
My 5th Grader may leave a scheduled program with the following children/siblings:	Yes		No	
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My K-4th Grader may leave a scheduled program with a 5th Grader	Yes		No	
If Yes, please print the name of the approved 5th Grader:				
K-4th Grade Participants must wait for an adult to pick them up unless allowed to leave as designated above, no exceptions!				

④ I, the Parent/Legal Guardian will be present at this event:	Yes		No	
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If you answered **no to #4**, please complete the following Authorization:

Parent/Legal Guardian Authorization & Emergency Contact

The below named of the minor has entrusted the Participant into the care of the Agent as a duly authorized representative of the Organization, while Participant engages in an activity sponsored by the Organization. The Parent/Legal Guardian 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 County/State 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 County/State 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 Physician/surgeon and/or dentist, in the exercise of their 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 County/State in which the medical or dental care is being sought. The Parent/Legal Guardian hereby authorizes any hospital which has provided treatment to the Participant to surrender custody of the Participant 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/Legal Guardian hereby agrees to fully pay all cost of medical and/or dental care incurred for the Participant by the Agent, or the Organization under this authorization. It is understood that pictures may be taken of Participants at this event and may be used solely for the promotion of future events sponsored by this Organization. Unless sooner revoked in writing by the Parent/Legal Guardian, and delivered to Agent, **this authorization shall remain effective until 1:30 PM, 8/04/2019.**

Print Name:	Signature:		Date:
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email:	
Insurance Carrier:	Policy Number:	Phone:	
Name of Insured:	Relationship to Participant:		
Second Emergency Contact Name:			Phone: