

I, we, the guardians of _____ do hereby authorize Calvary Chapel Petaluma, as agents for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care rendered but it is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California.

(Parent Signature)

(Month Day Year)

Description: Jr High & High School Spring Camp

Dates: April 5th - 8th

Name _____

Male/Female _____ **Age** _____

Date of Birth _____

Address _____

City _____ **State** _____

Home Phone Number _____

Work Phone Number _____

Insurance Co. _____

Policy Number _____

Are you allergic to anything or any medications? _____
If so, what _____

Are you presently under treatment for any physical condition? _____
If so, what? _____

Any special medications?

List any medications presently taking:

Do you have a tent? _____

Are you willing to let us use your tent? _____

If so, how many people can fit in your tent? _____

PLEASE READ, SIGN & RETURN UPON REGISTRATION