

2023 ROSEVILLE YM CAMP
MEDICAL RELEASE AND INFORMATION FORM

THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL AND ACCESSED AND/OR DISTRIBUTED
 ONLY AS DEEMED NECESSARY FOR THE SAFETY AND WELL-BEING OF THE CAMPER.

EMERGENCY MEDICAL INFORMATION

Participant's Full Name	Date of Birth	Date of Last Tetanus Booster
Participant's Parent of Guardian	Home Phone	Work or Cell Phone
Address	City, State and ZIP	
Emergency Contact (if parent is not available)	Home Phone	Work or Cell Phone
Primary Care Physician	Phone Number	
Name of Insurance	Policy Number	

LIABILITY RELEASE STATEMENT

My son has permission to attend Stake Camp at Treasure Mountain sponsored by the Church of Jesus Christ of Latter-day Saints. I, the undersigned parent/guardian do hereby authorize the stake leaders, or any such substitute as may be designated as agent(s), for the undersigned to consent to any X-ray, examination, 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 or any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital; or any X-ray or examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act.

It is understood that this authorization is given in advance to any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to act and all such diagnosis treatment or hospital care which the aforementioned physician or dentist in the exercise of his or her best judgment may deem advisable. This authorization is given in pursuant to the provisions of California Family Code Section 6910.

I also authorize any hospital, which has provided treatment to the above-mentioned minor pursuant to California Family Code Section 6910, to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. This authorization is given pursuant to the California Health and Safety Code 1283.

I also authorize adult hike leaders to administer emergency medical treatment to the above-mentioned participant for any accident or illness and to act on my behalf in approving medical treatment that may be required. I give permission to the stake leaders and volunteer staff to arrange necessary transportation, provide routine health care, administer prescribed medications, and seek emergency medical treatment for the camp participant.

This authorization will remain effective while the above minor is en route to or from, involved, or participating in any Stake Camp activity unless revoked in writing by the above, signed, and delivered to the aforesaid agent.

I understand that the camper's participation in activities may involve exposure to hazards and potential risk of injury, including illness, hazards and risks related to travel to and from the location of the activities. I have had an opportunity to ask questions and to receive answers concerning those risks. I understand that my son is assuming all risks and hazards of loss or injury of any kind whatsoever that may arise in connection with the activity. I agree to release from liability and hold harmless the stake I am attending with as well as the Church of Jesus Christ of Latter-day Saints, and its officers, leaders, and agents, for losses, costs, or damages arising from my son's participation in such camp and its related activities, and agree to indemnify each of them from any and all claims, costs, suits, actions, judgments, and expenses, upon any damage, loss or injury to my child or damage to my child's property arising out of my child's participation in this program.

Signature below signifies understanding and agreement to the following statements:

- I have read the above Liability Release Statement and agree to the terms stated.
- I have completed the Medical Health History correctly to the best of my knowledge AND I understand that I may be required to come get my son from camp if she becomes injured or ill.
- I give permission for my son to participate in hiking and camping activities except those noted by me on the online form.

Print Name Signature of Parent or Guardian Date