

NOTE TO PARENTS/Guardians: Please fill out this section ONLY if you are placing your child under the care of another adult custodian. If the minor is to be in custodial care then the custodian must fill out the Medical Consent form on the other side of this page.

APPOINTMENT OF CUSTODIAN FOR A MINOR

Name of Minor Child: _____
Last First M.I. Date of Birth

I, _____, am the parent/guardian [circle correct description] of the above-named child. I have entrusted _____ (“Custodian”) with the care of the Minor Child, and hereby authorize the Custodian to consent to medical, surgical, dental, and hospital diagnosis, care, treatment, and surgery for the Minor Child.

Dated: July _____, 2012
Parent/Guardian Signature Parent/Guardian Printed Name

Camp Site Location: _____ Cell Phone: _____
Custodian Custodian

Best phone number to reach custodian if he/she is off the campground: _____

Parent(s) or Home Phone: () _____

Guardian(s) Work Phone: () _____

Cell Phone: () _____

Home Address: _____

Work Place: _____

Work Address: _____

Parent, Guardian, or Custodian Release for Minor Child

Parents, if you are sending your child to campmeeting with another adult, please skip this side and fill out the form on the other side of this page.

CONSENT TO MEDICAL, DENTAL, OR HOSPITAL CARE

Name of Minor Child: _____
Last First M.I. Date of Birth

I, _____, am the parent/guardian/custodian (circle one) of the above-named child.

I consent to such medical, surgical, dental, and hospital diagnosis, care treatment, and surgery (“Health Care”) for the Minor Child as authorized personnel acting for the Central California Conference of Seventh-day Adventists (“Conference”) deem appropriate to be rendered to my Minor Child while I am attending the Conference Campmeeting at Soquel, California, from and including July 12 through July 21, 2012.

Dated: July _____, 2012
Parent/Guardian/Custodian Signature Parent/Guardian/Custodian Printed Name

Camp Site Location: _____ Cell Phone: _____

Best phone number to call if off the campground (if applicable): _____

If Applicable: Camp Work Site: _____ Camp Work Phone: _____

Allergies: _____

Medical Needs or Conditions: _____

Name of Emergency Contact: _____

Phone Number of Emergency Contact: _____

Medical Insurance Carrier: _____ Policy I.D. #: _____

Name of Insured: _____

<The reverse side of this form MUST also be filled out if parent is appointing an adult custodian for child.>