

Medical Consent Form

We, the undersigned parent(s) or guardian of:

Name of camper _____

a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of any physician the camp may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Camp Cedar Falls or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to Camp Cedar Falls.

We hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish the camp's insurance company or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

If your child has special needs, behavioral problems, or mental disorders, prior arrangements need to be made with camp director.

Parent or legal guardian's signature _____ Print Name _____

Date _____

1. Circle the number of times camper has been to camp.
0 1 2 3 4+

2. Check if applicant has:

<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Lung Problem	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Headaches	<input type="checkbox"/> Allergy to bee/wasp stings	<input type="checkbox"/> Nausea	<input type="checkbox"/> Transmissible Conditions

3. Medical Card: Card No. _____
Attach a copy of child's/camper's medical insurance card

4. Date of last tetanus vaccine if child is over 12 years old: _____

5. Recent surgery or injury: _____

6. Serious illness during past year: _____

7. Allergies: _____

8. Allergic to the following medication(s): _____

9. Non-Prescription medication may be taken at camp: ☐ Yes ☐ No

10. Medication taken within the year: _____

11. If more space is needed for explanations, attach separate sheet.

Important Information

Finances

The Basic camp fee for one week of exciting fun is \$300. This fee covers food, program, accident insurance, and camper care. An additional \$10 laundry charge per week is made for campers staying more than a week.

Mail completed application with full payment paid with check made payable to Southern California Conference (certified check, money order or personal check). Address: P.O. Box 969, Glendale, CA 91209-0969.

When making a payment in person, you may pay with cash. A receipt will be sent promptly. After June 19, please mail application with full payment to Camp Cedar Falls, P.O. Box 1134, Angelus Oaks, CA 92305.

Three week's notice (before attendance) is necessary to receive a refund. A \$50 processing fee will be retained. ALL REFUNDS WILL BE ISSUED AFTER SEPTEMBER 1. No refund after a camper arrives at camp.

Visitors

Visitors are welcome by arrangement only with the Camp Director. Meals are available for a nominal fee.

Camp Store

Campers can purchase souvenirs such as T-shirts and gift items. Picture thumb drives of the camp week will be available for \$10. Camper's money is kept in the store's bank for safekeeping. All unspent money will be given to the camper in cash upon departure.

Telephones and Mail

Encourage your child to write as outgoing phone calls are limited to emergencies. While at camp, mail is delivered and picked up daily. Parents are encouraged to write to their children DAILY. Send mail early in the week to assure delivery. Camp Cedar Falls cannot be responsible for late delivery. Address mail to: (camper's name), Camp Cedar Falls, P.O. Box 1134, Angelus Oaks, CA 92305. Cell phones are not allowed. There are no public phones available, so plan accordingly.



Website and Future Brochures

Visit our website: www.campcedarfalls.org. Pictures will be posted daily. You may see your child on our website or if you do not want your child's picture on the website or in future brochures, please put it in writing and enclose it with the registration form.

Website

www.campcedarfalls.org

(909) 794-2911

After June 19 call the camp directly

(818) 546-8439

For more information please call

- Registration begins each Sunday at 3:00 p.m.
- Checkout time is before 10:00 a.m.
- Child pick-up fee is \$5.00 per hour if your child/camper is not picked up by 10:00 a.m. Sunday.
- Please make travel arrangements accordingly.

Registration



- Knives
- Weapons of any kind
- Alcohol, tobacco & drugs
- Matches, firecrackers, other fireworks
- Any electronic devices (cell phones, games, computers, etc.)

What NOT to Bring

All articles should be marked!

Camp management is not responsible for lost or stolen items. Lost and found articles will be kept for 30 days following camper's departure.

- Bible
- Flashlight
- Church clothes
- Spending money (modest length, no high heels) (offering & store)
- Hiking and tennis shoes (no sandals)
- Casual clothes (enough for 6 clothing changes)
- Underwear & socks
- Camera (optional)
- Writing paper, envelopes, stamps
- Towels, shampoo, toothbrush, soap, Warm sleeping bag
- Pillow
- Modest swimsuit
- Warm jacket
- Sunscreen
- Lip balm
- Insect repellent

What to Bring



Weekend Family Camp

Families may enjoy the mountain setting including exciting activities at Camp Cedar Falls. Facilities are available for families in cabins or our beautiful lodge. Please Call (818) 546-8439 for reservations and more information.



Camp Cedar Falls 2022

Southern California Conference of SDA
1535 E. Chevy Chase Drive
Glendale, CA 91206

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Glendale, CA