

CAMP SACRAMENTO
Family Camp & Conference Center

2450 Meadowview Rd.
Sacramento, CA 95832
Camp Manager : (916) 808-6169



CITY OF SACRAMENTO
Department of Parks and Recreation

Information / Reservation (916) 808- 6098
Fax: (916) 808-4060
www.cityofsacramento.org/parksandrecreation/campsac

Dear Camper:

In the event that you should bring a child or teenager from another family, we request that they have the attached medical release and medical care authorization form signed by their parent or guardian. Thank you for your consideration in this matter. We are all looking forward to seeing you at camp this summer.

Tim Holland, Manager
Camp Sacramento

RELEASE AND MEDICAL CARE AUTHORIZATION

Permission is hereby granted for my child: _____

to attend Camp Sacramento with: _____

from _____ to _____ and for my child to participate in all activities,

and to receive any medical care that may be deemed necessary by authorities in charge.

PARENT OR GUARDIAN SIGNATURE

DATE

In case of illness or accident, please notify:

Name

Address

(____)_____
Phone

NOTE: Individual forms must be completed for each child that is seventeen (17) years of age and younger. This form should be brought to camp and given to the Camp Manager at the time of check-in.