

NVYS Camp Cazadero Retreat Health Form

Name: _____

Birthdate: _____

Please select your meal preference Vegetarian

Non-vegetarian

Please indicate any allergies (food, medicinal, etc.):

Please describe any special dietary requirements:

Additional medical issues:

Emergency Contacts:

Name	Relationship	Phone
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Name	Relationship	Phone
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Medical Release

The nearest hospitals are about an hour away (Sequoia and Stanford). In case of a serious problem, and you need the medical attention of a doctor or hospital, please sign the following release:

I hereby give permission for emergency medical/surgical treatment in my behalf in case of accident or illness, and for my transportation out of Camp, if needed.

Signature

Printed Name

Date