

NAME _____ STAKE _____ WARD _____

Zion's Camp Health/ Permission Form for Adult Day Leaders

For all Adult Day Leaders (not staying overnight) - Please print legibly in ink.

Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Spouse _____ Home # _____ Work/Day # _____ Mobile/Cell # _____

If spouse is not available in the event of an emergency, notify person listed below:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of Personal Physician: _____ **Phone:** _____

Personal Health Insurance: _____ **Policy No.** _____

Date of last tetanus shot (Td or Tdap, within last ten years) _____

List current medications (name of drug, dose, and frequency)

List any current medical condition

List allergies

With the new HIPPA regulations regarding confidentiality, it is vital you check the appropriate box to share information.

I do _____ or do not _____ give permission for this information to be shared with other leaders and/or medical personnel as deemed necessary by the camp nurse. I understand that this medical information will be shared solely for my benefit at Zion's Camp.

In case of an emergency where I am unable to make medical decisions for myself, I understand every effort will be made to contact my spouse (listed above). If my spouse is unavailable, every effort will be made to contact one of the alternate people listed above. In the event neither can be reached, I hereby give my permission to the licensed health-care practitioner, selected by the adult leader in charge, to secure proper treatment for me, including hospitalization, anesthesia, surgery, or injections of medications.

Signature: _____ Date: _____