

NAME \_\_\_\_\_  
YEAR \_\_\_\_\_  
STAKE \_\_\_\_\_

# Zion's Camp Health/ Permission Form

**Please have all Campers fill out the following- Please print legibly in ink.**

**Identification**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at camp: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_ Work/Day \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Father/ Guardian \_\_\_\_\_ Work/Day \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**If parent/guardian above 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.** \_\_\_\_\_