



Six12 Event Permission Form

Camper Name: _____

Grade: _____

Birth Gender: _____

Parent/Guardian Name: _____

Parent Phone #: _____

Parent Email: _____

Emergency Contact: _____ Emerg. Contact Phone #: _____

Church attending with: _____

Health Insurance Information

Insurance Company: _____ Policy #: _____

Does your insurance require notification of the provider: Yes _____ No _____

Under whose name is insurance carried? _____

Consent to Seek Treatment

In case of a medical emergency, I give consent for medical treatment.

Signature of Parent/Guardian: _____ Date: _____



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