

## **Six12 Event Permission Form**

	Camper Name:
XXXXX	Grade:
BETHANY CAMP	Birth Gender:
BETHANT CAMP	Parent/Guardian Name:
	Parent Phone #:
	Emerg. Contact Phone #:
_	1:
Health Insurance	e Information
Insurance Company:_	Policy #:
Does your insurance r	require notification of the provider: Yes No
Under whose name is	insurance carried?
Consent to Seek '	Treatment
in case of a medical e	mergency, I give consent for medical treatment.
7	Six12 Event Permission Form
SIX12	Camper Name:
SIX12	Camper Name: Grade:
SIX12 BETHANY CAMP	Camper Name: Grade: Birth Gender:
SIX12 BETHANY CAMP	Camper Name: Grade: Birth Gender: Parent/Guardian Name:
Parent Phone #:	Camper Name: Grade: Birth Gender: Parent/Guardian Name:
Parent Phone #: Parent Email:	Camper Name: Grade: Birth Gender: Parent/Guardian Name:
Parent Phone #: Parent Email:	Camper Name: Grade: Birth Gender: Parent/Guardian Name:
Parent Phone #: Parent Email: Emergency Contact: _	Camper Name: Grade: Birth Gender: Parent/Guardian Name:
Parent Phone #: Parent Email: Emergency Contact: _ Church attending with	Camper Name: Grade: Birth Gender: Parent/Guardian Name:  Emerg. Contact Phone #:
Parent Phone #: Parent Email: Emergency Contact: _ Church attending with <b>Health Insurance</b>	Camper Name: Grade: Birth Gender: Parent/Guardian Name:  Emerg. Contact Phone #:
Parent Phone #: Parent Email: Emergency Contact: _ Church attending with <b>Health Insurance</b> Insurance Company: _	Camper Name: Grade: Birth Gender: Parent/Guardian Name:  Emerg. Contact Phone #:  a:  Enformation
Parent Phone #: Parent Email: Emergency Contact: _ Church attending with Health Insurance Insurance Company: _ Does your insurance r	Camper Name: Grade: Birth Gender: Parent/Guardian Name:  Emerg. Contact Phone #:  a: Policy #:
Parent Phone #: Parent Email: Emergency Contact: _ Church attending with Health Insurance Insurance Company: _ Does your insurance r	Camper Name: Grade: Birth Gender: Parent/Guardian Name:  Emerg. Contact Phone #:  a: e Information  Policy #: require notification of the provider: Yes No insurance carried?

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_