

MORGAN MINISTRIES

La Veta Rodeo Bible Camp
HEALTH CARD

please print

Name _____ Age _____ Sex _____

Address _____ Phone _____

City _____ State _____ Zip _____

Parent's name or lawful guardian: _____

Two phone #'s in case of emergency_(1)_____

(2)_____

Friend or relative _____ Phone _____

Insurance company _____

Policy # _____ Phone _____

Please use the back of this card to list the following: medications currently being taken by the camper, allergies, or any special precautions to be taken at camp.

INSURANCE CARD PHOTOCOPY (BOTH SIDES)