



## INSURANCE AND AUTHORIZATION

### INSURANCE INFORMATION

Camper Name: \_\_\_\_\_

Is the camper covered by family medical/hospital insurance? \_\_\_ Yes \_\_\_ No

If yes, indicate Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Parent or Guardian Authorization (required for all persons under age 18)

This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_