

Medical Information, Emergency Release and Medical Expenses

Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.

Camper's Name: _____

Parent's Names: _____

Home Phone: _____ Work Phone: _____ Cell: _____

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

2. Aside from yourselves, (the parents of the camper), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:

3. Camper's Doctor: _____ Phone: _____

4. Camper's Dentist: _____ Phone: _____

FOR EMERGENCY IF PARENTS OR GUARDIAN ARE UNAVAILABLE:

Name: _____ Phone: _____

Name: _____ Phone: _____

If, in the opinion of a properly licensed and practicing physician, my (son/daughter) needs medical or surgical services which require (my/our) authorization or consent before being supplied, (I/We) hereby authorize, appoint, and empower Pine Crest Swim Camp, to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/we) release Pine Crest Preparatory School, Inc. and Pine Crest Swim Camp from any liability which may arise from the giving by it of such authorization; it being (my/our) desire that (my/our) (son/daughter) be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

Date: _____ Signed by Parent or Legal Guardian

X _____

X _____

The physician in our area will not accept insurance assignments unless you are a regular patient. The only method of payment that is universally accepted will be credit cards: Master Card or Visa. The authorization found below will enable camp staff to insure quick medical attention when needed. Your credit card receipt and actual medical bills will be sent to you. At that time, you may submit the bills to your insurance carrier for reimbursement. This medical authorization will be used only for medical expenses. Please complete the authorization form below and return to the Pine Crest Swim Camp office to complete application.

CREDIT CARD AUTHORIZATION FORM (MEDICAL EXPENSES & CHECK-OUT)

I hereby authorize Pine Crest Swim Camp to apply the following charges to my credit card:

Master Card Visa Account Number: _____ Exp Date: _____

Name as it appears on above card: _____

Signature: _____ Date: _____