



Please list any restrictions for this participant while at camp:

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## **INSURANCE INFORMATION**

**All participants must have their own medical/accident insurance coverage and notify the camp of any changes or cancellations.**

Medical insurance company: \_\_\_\_\_ HMO \_\_\_ PPO \_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

Subscriber number: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_

Claims/Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

If HMO or PPO, who is your Primary Care Physician? \_\_\_\_\_

Primary Care Physician phone number: \_\_\_\_\_

## **Parent/Guardian Consent:**

This health history for \_\_\_\_\_ is correct to the best of my knowledge, and has permission to engage in all prescribed camp activities, except as indicated as “restrictions” previously stated on this document.

In the case of any emergency where I cannot be reached, I hereby grant permission to the Branham Sports Camp Staff, assigned physicians and/or their consulting physician to render to my son or daughter any treatment, medical or surgical care that they deem reasonably necessary to ensure the health and well-being of my child named above.

I also hereby authorize the Branham Sports Camp Staff to render to my child any preventative, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of my child named above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date