

MEDICAL FORM

I certify my child was examined by a physician prior to June 10, 2015 and found to be in good health and able to participate in all athletic activities without restriction.

I hereby release and exonerate and discharge the camp and its employees from any injuries incurred in the camp. I, the undersigned parent/guardian, do hereby delegate to the Kevin Wilson Football Camp, its employees or agents the authority to seek, obtain, and approve any medical care and treatment for the below-named minor, which in their judgment is necessary for the health and well-being of said minor during his attendance at the Kevin Wilson Football Camp.

Further, I agree to hold the Kevin Wilson Football Camp, its employees, or agents harmless for any liabilities arising out of any good faith actions taken in seeking and obtaining medical care and treatment for the below-named minor.

I authorize these medical vendors (Indiana University Health Center and Bloomington Hospital, or such other medical providers to whom I am referred by named sources for x-ray, laboratory or other diagnostic or therapeutic services) to release any information required in applying for payment on my behalf and I hereby assign payment of these medical vendors for all services that these medical vendors may render.

Any costs not covered by your insurance are the sole responsibility of the parent or guardian.

Parent's Signature _____

Camper's Name (print) _____

Insurance Company _____

Name of Policy Holder _____

Policy Number _____ Group # _____

Service Code _____ Plan# _____

Subscriber # _____ Deductible Amount _____

Insurance Company Phone # _____

Parent's Name _____

Home Address _____

City _____ State _____ Zip _____

Work Phone (Mother) _____ Work Phone (Father) _____

Emergency Contact _____