

Rod Ray Tennis Camp Health Form

This form must be completed and signed by the camper's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while camp is in session.

Camper's Name _____ Social Security # _____
Permanent Address _____ Date of Birth _____
City, State, Zip _____ Home Phone _____
Cell Phone _____ Daytime Phone _____

Person to contact first: _____ Relation to Camper _____

The above-mentioned child is covered by medical insurance ____ yes ____ no
Policy Holders Name _____ P.H date of Birth _____
Address _____ Relation to camper _____
City, State, Zip _____ Occupation _____
Employer Address _____
Insurance Company Name _____
Insurance Company Address _____
Policy # _____ Plan # _____

MEDICAL TREATMENT CONSENT

I, the legal guardian of the above named camper authorize the Rod Ray Tennis Camp Staff to seek medical treatment for the camper as they see necessary. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care and that it is given to provide the authority to administer this treatment as he/she judges necessary to the above-mentioned child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information needed for processing insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that wherever possible, the camp staff will make a good faith effort to contact me or the above -named person before seeking treatment. If this is not possible, I understand the camp staff will notify me as soon as possible of any and all diagnosis and treatments.

Legal Guardian Signature

Print Name

Date