



**SHOW CHOIR PERFORMANCE CAMP - HEALTH FORM**

**CONFIDENTIAL MEDICAL RECORD – Page 2 of 2**

**This completed form must be presented by the camper at sign-in or mailed prior to camp. It is essential that consent for treatment of a minor is signed by a parent or guardian.**

**HEALTH INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_

ID No. \_\_\_\_\_ Group No. \_\_\_\_\_

Name and Address of Policyholder \_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR TREATMENT OF A MINOR**

I hereby give my consent for treatment of \_\_\_\_\_  
Last First Middle

***This authorization covers any procedure which may be deemed advisable by an attending physician.***

\_\_\_\_\_  
Camper's signature Date

\_\_\_\_\_  
Signature of person authorized to give consent for camper treatment Relationship to camper Date

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