

Medical Treatment Authorization Form

Participants Name _____

DOB ____/____/____

Date of Camp _____

Participants are automatically enrolled in MSU's camp insurance plan. Eligible covered expenses will be paid only if they are in excess of other valuable and collectible insurance.

1. List any medical conditions that camp personnel should be aware of _____

2. List any medications currently taking _____

3. List any allergies _____

In case of an emergency please contact:

Name _____

Cell Telephone _____

Daytime Telephone _____

Medical Insurance Company _____

Insurance Policy Numbers _____

_____, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to take care of the participant. I further authorize the medical facility that treats the participant to release all the information needed to complete the insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) _____ Date _____

Send application and Medical Treatment Authorization Form with payment in full to:

**MSU Women's Soccer
223 Kalamazoo Street
Office 404
Jenison Field House
East Lansing, MI 48824**

**Michigan State University
223 Kalamazoo Street
Office 404
Jenison Field House
East Lansing, MI 48824**



**Michigan State
Women's Soccer**

Elite Prospect Academy

March 8th, 2014

Open to all girls grades 9-12

