

Medical Treatment Authorization Form – MSU Soccer Camps

Name: _____ DOB _____ Date of Camp(s): _____

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

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):

2. List any medications currently taking:

3. List any allergies:

In case of emergency please contact:

Name

Daytime Telephone

Evening Telephone

Name of Medical Insurance Company Telephone

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 care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete 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, e-mail or fax the Medical Treatment Form and completed camp brochure (unless registered and paid online):

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