

# 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 Medical Treatment Form and completed camp brochure (unless registered and paid online) with payment in full to:

**MICHIGAN STATE UNIVERSITY**  
**MSU Soccer College Prep Camp**  
**223 Kalamazoo St., Rm. 404**  
**East Lansing, MI 48824-1025**

Fax: 1-517-432-1047 Attn: Kylie Stannard **OR**  
Scan and e-mail to [stannard@ath.msu.edu](mailto:stannard@ath.msu.edu)