



**Supplementary Medical Data Sheet**

***Camp Tecumseh***

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By completing this information, you will help us expedite any situation that might require medical attention for your son.

Name of person carrying insurance \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ (cell)

Social Security # \_\_\_\_\_

Name of Employer \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Indicate any insurance related telephone calls that must be made before treatment is provided. My child has permission to participate in all camp activities on and off campus and to be transported by staff members to off-campus activities, including trips for doctor's appointments, in Tecumseh vehicles, or leased vehicles: \_\_\_\_\_ **(parent/guardian signature)**