

UniGames Camp 2015

Medical Authorization Form

I, _____,

Agree to authorize the society of UniGames and their trained first-aid officers to seek, obtain and/or execute appropriate medical care for myself, should it be required.

I have the following allergies/conditions (medical/physical):

I DO / DO NOT (please circle correct option) carry an EpiPen.

I agree to be financially responsible for the cost of any medical care required by myself.

My health care insurance carrier is:

My health policy or certificate number is:

Signed: _____

Date: _____

Witness sign: _____

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