



## HEALTH INSURANCE FORM

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**CAMPER NAME** \_\_\_\_\_

### **PARENTAL AUTHORIZATION**

I approve of my son's attendance in Hogan's Camps and certify that he is in good health and able to participate in the program's activities. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my son.

\_\_\_\_\_  
*Signature of Guardian*

\_\_\_\_\_  
*Date*

### **TREATMENT AUTHORIZATION**

I/We being legal guardians of the applicant authorize Hogan's Camps and its agents permission to request treatment as necessary to ensure the well being of our dependent. In further consideration of Hogan's Camps accepting this application, I/we hereby agree to save and indemnify and keep harmless Hogan's Camps, its agents and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of Hogan's Camp.

\_\_\_\_\_  
*Signature of Guardian*

\_\_\_\_\_  
*Date*

**HEALTH INSURANCE COMPANY** \_\_\_\_\_

**HEALTH INSURANCE NUMBER** \_\_\_\_\_

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