

## CAMPER MEDICAL (B)

Part B: To be completed by the parent/guardian.



### Medical Disclosure

I guarantee that I have fully disclosed all medical treatment and prescribed medications, for any condition whatsoever whether chronic, temporary or other, that my child has received/undergone in the 12 months prior to August 3, 2012 on the Medical Health Form as signed by my physician.

I understand that failure to fully disclose treatment may result in my child's expulsion from camp without prejudice.

### Billing Authorization

I authorize Camp Canyon, LLC to bill my credit card, as listed below, for any and all charges related to medical treatment, co-pay or other health-care charges related to my child listed below without additional authorization.

I further understand that this, in no way, waves my expectation that Camp Canyon, LLC will ensure that I am duly notified of any and all unusual medical treatment provided to my son/daughter.

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Card Billing Address, City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
CVV Number (Back for Visa/MCard, Front for Amex)

**By signing below, I confirm that I have read and agree to the Medical Disclosure and Billing Authorization as stated above.**

\_\_\_\_\_  
Print Camper Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Camper Parent/Guardian