

Seguin RCA Camp Health Insurance Coverage

Camper's name: _____

Health insurance coverage

Check if the camper is currently covered under the following plans. Also, please include a copy of an original insurance form or a copy of both sides of the Medicaid Card.

- Medicaid (Green Card) Case number: _____
- Medicare Claim number: _____
- Supplemental coverage Company name and case number: _____

- Private insurance Company name and claim number: _____

- No insurance

Authorizations:

- **An emergency medical treatment authorization form (to be signed by the camper or camper's legal guardian) and a physician's order form (to be signed by the doctor) are attached to this packet.**
- **Both must be signed and returned prior to the start of the camp session.**

Other Important Information:

- Illness or a specific medical condition may require the cancellation of an individual's stay at the summer camp. The decision will be made by the parent/guardian, Camp Director and Seguin RCA Director of Operations.
- Behavioral problems that significantly disrupt the other campers and the normal operation of the summer camp, may also warrant termination of the Camper's stay. The decision to send the person home will be made by the parent/guardian, Camp Director and Seguin RCA Director of Operations.