

U.M. ARMY – Texas Conference

Emergency Medical Authorization

Participant Name: _____

Address: _____

City/State/Zip: _____

DOB: _____

Emergency Phone Number (Must Be Fill): _____

Alternate Phone Number: _____

Address: _____

City/State: _____

Name: _____

I authorize any of the leaders of U.M. ARMY to obtain any and all necessary medical and/or dental attention and/or treatment for my son/daughter _____, including surgical procedure if advised by the attending physician.

Nature of Treatment: Any medical or dental care necessary arising from illness, accident or injury while at UM Army Mission Camp.

Signature of Parent/Guardian _____ Date: _____

Insurance Company Name _____

Policy Holder Name: _____

Policy Holder DOB _____ Policy Holder Cell Phone _____

Group Number _____

Insurance Verification Phone Number _____