

Stony Glen  Camp 2010

**Authorization to Release Information to Camp Personnel**

Name: \_\_\_\_\_

To any provider of health care services:

You may give CSB Ministries, Brigade Camp personnel at Stony Glen information concerning my health, diagnosis, treatment given, and follow-up treatment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Blue Cross - Blue Shield**

Subscriber: \_\_\_\_\_

Contract No: \_\_\_\_\_

Group No: \_\_\_\_\_

Plan No: \_\_\_\_\_

**Other Insurance**

Subscriber: \_\_\_\_\_

Policy No: \_\_\_\_\_

Group No: \_\_\_\_\_