

Stony Glen Camp 2011

Authorization to Release Information to Camp Personnel

Name: _____

To any provider of health care services:

You may give Christian Service 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: _____