



CAMPER REGISTRATION & AUTHORIZATION

Universtiy Health Center
1500 U Street
PO Box 880618
Lincoln, NE 68588-0618
(402) 472-5000 Fax (402) 472-4593

Please Print Clearly and Complete All Information

Camper/Student Last Name	First Name	Middle Initial	
Permanent Street Address	City/State	Zip Code	
Date of Birth	Gender Male Female	Telephone (Local/Cell)	
Parent/Guardian Name		Home Telephone Number	
Street Address	City/State	Zip Code	
Name of Camp or Conference Student is Attending			
Please provide the following information concerning the minor:			
Allergies	Medications Presently Taking	Chronic Illness / Other Health Information	
INSURANCE and POLICYHOLDER INFORMATION:			
Charges for services are the responsibility of the patient and/or parent/guardian and are due at the time of service.			
Insurance Company Name	Street Address	City/State	Zip Code
Policyholder Last Name	Suffix Jr Sr	First Name	Middle Initial
Street Address	City/State	Zip	Country
Date of Birth	Policy ID #	Group/Plan #	

AUTHORIZATION

I consent to the use or disclosure of protected health information by the University Health Center (UHC) for the purpose of analyzing, diagnosing, and providing treatment to (*minor child name*) _____, obtaining payment for health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original.

I authorize my insurance benefits to be paid directly to the University Health Center (UHC). I assume full responsibility for and agree to pay for all services rendered or to be rendered. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that UHC has taken action in reliance on this consent.

This authorization is valid one year from the date signed or through the term of coverage of the policy, and during the required period to process the claims.

Parent/Guardian Signature _____ Date _____