

*****THIS FORM MUST ACCOMPANY CAMPER AT REGISTRATION*****

PARENT OR GUARDIAN OF CAMPER

Accident/Medical coverage for this summer's camp program will be provided on an **EXCESS OR SECONDARY BASIS**. This means that all claims for medical expenses as a result of injuries incurred during camp **MUST** be sent to the injured child's parent for filing with **THEIR OWN** insurance carrier **FIRST**. The injured **must** seek medical attention within **90** days of injury for our coverage to be valid. The camp policy will pay for those expenses not paid for under the parent's coverage or if the parent does not have coverage, subject to the camp policy coverage limits, terms, conditions and exclusions.

The Excess Accident/Medical Coverage on all campers is:

- (1) \$50,000.00 Maximum Medical Expense Benefit
- (2) \$ 5,000.00 Accidental Death & Dismemberment Benefit
- (3) \$ 250.00 Deductible Amount

Claim Submission Guidelines:

- (1) Since the policy contains an EXCESS MEDICAL EXPENSE BENEFIT, YOU MUST FIRST FILE THE CLAIM WITH THE OTHER PLANS.
- (2) Written proof of the claim should be given within 90 days after the injury to the claim camp owner/coordinator to insure coverage.

I, the Parent/Guardian, understand the benefits, guidelines and the limitations of the medical expense plan.

PARENT / GUARDIAN SIGNATURE

DATE

THIS SECTION MUST BE SIGNED BY A PHYSICIAN (or attach a copy of your child=s physical which has been administered within the past year)

_____ has been examined by me and he/she is physically fit to participate in the Camp held at the University of Georgia.

Physician's Signature

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