

Campers with Private Insurance

Camp Nominique 1889 ch des Mesanges, Nominique, QC J0W 1R0
819-278-3383 Fax : 819-278-3107 info@nominique.com

Dear Parents,

This form must be filled in and returned before your son arrives at camp. The purpose of this form is to inform you that if your son(s) need any medical attention outside of camp, the deposit required by the hospital shall be covered by you. Initially, when a camper arrives at the hospital, the hospital takes a deposit upwards of \$1,200.00. The actual costs are then determined and the portion of the deposit not required for the treatment is reimbursed to you.

If your son(s) should require a trip to an outside hospital, we will keep careful track of all documents and payments and supply you with originals to send to your insurance provider. We will also keep copies on file. Any in-camp visits to our resident Doctor or hospital are billed to your son's tuck account and do not usually exceed 50 or 60 dollars for the initial visit and less for the follow up. You will be provided with receipts for these visits as well.

Thank you.

Elisa Van Wagner
Grant McKenna

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Dear Hospital Administrator, Dated.....

I,(your name and relationship to child)
authorize Camp Nominique to procure medical treatment on my son's behalf.

Child's name.....age.....weight.....

I also authorize the use of my Visa or MasterCard to pay for the deposit and or treatment as is required. I request that all documents will return with my son to Camp Nominique to be forwarded to me by the camp and I request that all refunds towards deposit or treatment be refunded to my credit card.

TYPE of CREDIT CARD: _____ MasterCard _____ Visa

Name given on Credit Card: _____

Credit Card Number:

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Expiry Date: Signature of credit card holder:.....Date.....

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Please provide your full name and mailing address for Hospital records:.....
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