THIRD PARTY CAMPS SAMPLE MEDICAL FACILITY NOTIFICATION LETTER

Each Camp or Enrichment Program must send this letter to the designated medical facility as provided on the Camp/Program application.

Date:

Name of Hospital Contact
Hospital Mailing Address

Dear Name of Hospital Contact,

This is to notify you that the (name of camp or program) will be conducting activities on the Prairie View A&M University campus during the period of (dates of camp or program) and that in the event of a medical emergency, members of this group may be sent to (name of medical facility) to receive medical care. The (name of camp or program) participants are covered under a group accident medical insurance policy with (name of Policy Underwriter) which has been purchased by the (name of Organization purchasing policy). The policy number is (Policy Number). Bills for any medical care provided to camp participants for the period indicated above should be sent directly to the insurance company at:

Address for Policy Claim Processing:

Sincerely,

Name of University Camp Sponsor / Name of Third Party Camp Sponsor or Contact
Phone number / Phone Number