(INSERT DATE)

Example: *North Cypress Medical Center*
21214 NW Freeway
Cypress, Texas 77429-3373
832.912.3500

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 o this group may be sent to the (NAME OF MEDICAL FACILIT) to receive medical care. The (*NAME OF CAMP OR PROGRAM*) participants are covered under a group accident medical insurance policy with The Texas A&M University System (name of Policy Underwriter) which has been purchased by the (*THE NAME OF SPONSOR*). 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 parents or responsible person listed on Liability Waiver. A copy of the Liability Waiver will be provided at the time of the Emergency Room services. To request a copy if not provided, please request from the component below:

PVAMU DEPARTMENT OF CAMP & ENRICHMENT PROGRAM
NAME OF SPONSOR
DEPARTMENT NAME
P.O. BOX 0519, MS_____
PRAIRIE VIEW, TEXAS 77446
DEPARTMENT PHONE NUMBER
DEPARTMENT FAX NUMBER

Respectfully,

_____
(Name of University Camp Sponsor
Name of Camp or Program)