



**Health Insurance Portability and Accountability Act
Acknowledgment Form**

Camper Name: _____
(Print Name)

Camper Date of Birth: _____
(Month, Day, Year)

I acknowledge that I have been given a copy of the Wonderland Camp Health Information Portability and Accountability Act policy.

Print the first name, middle initial and last name of camper/parent/guardian

Signature of camper/parent/guardian

Date

Please check on one of the following to indicate the relationship between the camper of the person whose signature appears on the line above.

_____ Camper _____ Camper's Parent _____ Camper's Guardian

Camper refused to sign form: _____