

**City of Mobile Police Department
Mounted Detail**

Boots and Badges Kids Camp 2022

MEDICAL RELEASE INFORMATION/INSURANCE INFORMATION FORM

Child's Name _____

Name of Health Insurance Provider _____

Policy Number _____

Primary Physician _____

Physician Address _____

Physician Phone _____

Hospital Preference _____

Please list any medical issues, including any requiring maintenance medications.

Is your child allergic to any type of food or medication? If yes, please indicate.
