



Insurance Information

Camper's Name _____ Session(s) _____

In case of injury or illness (requiring prescription medication) it is important for us to have a copy of your insurance card in order to provide the best treatment. Please fill out the following information and use this sheet to **make a copy of the front and back of your insurance card.**

Child's Physician _____ Phone _____

Health Insurance Co. _____ Phone _____

FRONT OF CARD:

BACK OF CARD: