

PLEASE RETURN BY MAY 1ST



Camper's Name (first, last): _____

WE MUST HAVE A COPY (FRONT AND BACK) OF YOUR INSURANCE AND PRESCRIPTION CARD. PLEASE ATTACH COPIES OF BOTH CARDS BELOW AND RETURN BY MAY 1ST.

MEDICAL FORMS WILL BE RETURNED TO YOU IF THIS INFORMATION IS NOT INCLUDED AND COMPLETE.

**TAPE FRONT OF
INSURANCE CARD
HERE**

**TAPE BACK OF
INSURANCE CARD
HERE**

**TAPE FRONT OF
PRESCRIPTION CARD
HERE**

**TAPE BACK OF
PRESCRIPTION CARD
HERE**