

PLEASE RETURN BY APRIL 1ST



Camper's Name (first, last): _____

WE MUST HAVE A COPY (FRONT AND BACK) OF YOUR INSURANCE AND PRESCRIPTION CARD. ATTACH COPIES OF BOTH CARDS BELOW AND ADD POLICY HOLDER'S DATE OF BIRTH AND SOCIAL SECURITY NUMBER. PLEASE RETURN THIS FORM BY APRIL 1ST.

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

POLICY HOLDER'S DATE OF BIRTH _____

POLICY HOLDER'S SOCIAL SECURITY NUMBER _____

**TAPE FRONT OF
INSURANCE CARD
HERE**

**TAPE BACK OF
INSURANCE CARD
HERE**

**TAPE FRONT OF
PRESCRIPTION CARD
HERE**

**TAPE BACK OF
PRESCRIPTION CARD
HERE**