

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**