

**CAMP KENNYBROOK**  
**Parent Form**  
**INSURANCE INFORMATION**

2010

CAMPER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS# \_\_\_\_\_

FAMILY MEDICAL/HOSPITAL INSURANCE NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

CARRIER ADDRESS: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

**PLEASE ATTACH A COPY OF INSURANCE CARD**  
**FRONT AND BACK**  
**TO THIS FORM**

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In the event that your camper needs to have medication that is not stocked in our camp infirmaries, the following information is mandatory for you to be able to use any drug plan:

All pertinent information will be given to the pharmacist

1. Please attach a copy of your PRESCRIPTION CARD, FRONT AND BACK, to this form.

2. Camper's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. Amount of Co-Pay: \$ \_\_\_\_\_

4. Medication allergies: \_\_\_\_\_