



Medical Insurance Form

Applicant name:

Date of birth:

Male / Female:

Campers / Staff / Volunteers health care provider or health maintenance organization if any:

Name

Address

Telephone

<p>Place your Medical Insurance card here</p> <p>FACE UP</p> <p>&</p> <p>Photocopy</p>	<p>Place your Medical Insurance card here</p> <p>FACE DOWN</p> <p>&</p> <p>Photocopy</p>
<p>Place your Prescription card here</p> <p>FACE UP</p> <p>&</p> <p>Photocopy</p>	<p>Place your Prescription card here</p> <p>FACE UP</p> <p>&</p> <p>Photocopy</p>

Once this form is completed, please forward to the office via fax 978 448 0025, email office@grotonwood.org, or, upload directly to our website www.grotonwood.campintouch.com. If you have any questions please contact the office at, 978 448 5763.

