



Medical Insurance Form

Camper's Name:

Date of birth:

Male / Female:

Your campers health care provider or health organization if any:

Organization:

Address:

Telephone:

Place your Medical Insurance card here

FACE UP

&

Photocopy

Place your Medical Insurance card here

FACE DOWN

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Photocopy

Place your Prescription card here

FACE UP

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Photocopy

Place your Prescription card here

FACE UP

&

Photocopy

Once this form is completed, please forward to the office via fax 978 225 2745, email office@grotonwood.org, or, upload directly to our website www.grotonwood.campintouch.com under the Medical insurance Form section. If you have any questions please contact us at 978 448 5763.