



Medical Insurance Form

Applicant name:

Date of birth:

Male / Female:

Your campers health care provider or health maintenance organization if any:

Name

Address

Telephone

Place your Medical Insurance card here FACE UP & Photocopy	Place your Medical Insurance card here FACE DOWN & Photocopy
Place your Prescription card here FACE UP & Photocopy	Place your Prescription card here FACE UP & Photocopy

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.