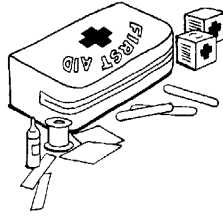


# Medical Form #2

## Info needed for Clinic/Hospital Visit



- \* If we ever need to take your child to the local Clinic or Hospital, we will call you to inform you of the situation either right before they leave, or while they are en route.
- \* In order to speed up the process, we ask that you please provide us with the following information. This information will be used in the case of co-pay insurance or any additional clinic fees.

Camper's Name \_\_\_\_\_ Session \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Parent 1 Phone # \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Parent 1 Phone # \_\_\_\_\_

### Credit Card (Visa or Master Card only) Info:

Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Front Copy of  
Medical Card

Back Copy of  
Medical Card