



CAMP GRADY SPRUCE

Required Insurance Information

We are required to produce the following information to our health care provider, should your child need medical attention while attending YMCA Camp Grady Spruce.

PLEASE PRINT CLEARLY

Child's Name: _____

Please bring to Bus or Camp-
DO NOT FAX!!

Child's Date of Birth: ___/___/___

Insurance Co. Name: _____

Insurance Co. Address: _____

Member & Group Number _____

Parent name (who carries Ins.): _____

For Hospital Use:

Parent SSN#: _____ Parent Birthday: _____

Parent Employer: _____

Co-Pay amount: _____

Please Note:

1. Please attach a copy of insurance card (front and back) and bring to camp or bus with your child on their first day of camp.
2. Medical and prescription costs are NOT included in your camp fees
3. Our Procedure is to shred this form annually.