



# 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*

Childs Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Co. Name: \_\_\_\_\_  
\_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_  
\_\_\_\_\_

Member & Group Number \_\_\_\_\_

Parent name (who carries Ins.): \_\_\_\_\_

For Hospital Use:

Parent Phone#: \_\_\_\_\_ 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.