

PRESCRIPTION FORM

Name: _____ **Session (circle one):** 1st 2nd **8 weeks**

In case your daughter needs a prescription while at camp, we need a copy of the front and back of your insurance card. It is imperative that we keep all of this information together; please help us to do so by adding a photocopy of your card to the bottom or back side of this page.

If your daughters name does not appear on your family's insurance card, we also need the following information:

Card holder's social security card number: _____ - _____ - _____

The number that is assigned to your daughter on the card: _____

i.e. card holder = #1;
spouse = #2;
first child = #3;
second child = #4, etc.

Copy of the front and back of your insurance card: