

## PRESCRIPTION FORM

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.

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Copy of the front and back of your insurance card: