

PART 4: SAC HEALTH INSURANCE INFORMATION

Camper Name: _____

Parent 1 Name _____ Phone# _____

Parent 2 Name _____ Phone # _____

This camper is covered by family medical insurance? Yes or No

Insurance Carrier: _____

Phone Number: _____

Group Number: _____

Policy Number: _____

Name of Insured: _____

Attach copies of the front and back of your insurance cards to form.