



***Please return this form by May 1st to Camp Kippewa at:***

*15 Myrtle Avenue, Westford, MA 01886 • (800) 547-7392 tel • (207) 933-2996 fax*

# Insurance and Credit Card Information Form

To be completed by parents for all campers. One per family.  
Please fill out this form and return by **May 1st**.

Dear Parents,

Insurance and credit card information is essential in order for camp to fill a new prescription, and take your child to the doctor or hospital. Please fill in all the information below.

## **INSURANCE INFORMATION**

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD FRONT AND BACK TO THIS FORM.**

If we do not have a copy at the time the prescription is filled or the doctor sees your child the full amount will be charged to your account and you will be responsible for submitting a reimbursement claim to your insurance company for the charges.

Is your daughter covered by family medical insurance?  Yes  No

Insurance Carrier and Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Social Security Number of policy holder or Insurance ID Number \_\_\_\_\_

## **CREDIT CARD INFORMATION FOR CO-PAY**

Visa  MasterCard  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature of Guarantor \_\_\_\_\_

I, \_\_\_\_\_ guarantee payment for the account  
of \_\_\_\_\_ a camper at Kippewa for Girls,  
both during her stay and upon discharge, until the account is paid in full.