

Greater Charlotte Summer Arts Camp Medical Form

MEDICAL INFORMATION				
First Name	Middle	Last Name	Date of Birth	
List all Allergies		List any Restrictions		
Is this camper covered by insurance? Yes or No (please circle one)				
Please provide a copy of insurance card front and back if applicable				
Insurance Company Name	Address (if different)	Phone Number		
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Subscriber Name	Group Number	Policy Number	Secondary Insurance	
Camper Relationship to Subscriber:	Mother	Father	Step Parent	Other
IN CASE OF EMERGENCY				
Name of local relative or friend (not living at the same address)	Relationship to camper	Best Contact #	Best Work #	
The above information is true to the best of my knowledge			Yes or No	
Parent/Guardian Signature			Date:	

*Please Print this form, fill it out, and bring it with you to the first day of camp. You child will not be allowed to attend camp without this form