

Insurance and Immunization Form

The State of New York requires us to collect this information for each camper. **This is required for all resident camps in the state of New York.**

Camper Name: _____

PARENT

Insurance Current Information:

Current Insurance Company: _____ Policy # _____

Does your insurance require notification of provider? Yes _____ No _____

Under which parent's name is the insurance? _____

Immunization Record: (MUST be completed or a copy attached)

Initial Dose: MMR _____ DTP _____ OPV _____ Tetanus _____

Last Booster: MMR _____ DTP _____ OPV _____ Tetanus _____

Check here if you have chosen to delay/refuse vaccines.

In case of a medical emergency, I give consent for medical treatment which may include injection, anesthesia, or surgery.

Signature of Parent or Guardian: _____



Fax the completed document to 716-287-2216 or email to:
office@bethanycamp.org.