



PLEASE RETURN THIS FORM BY JUNE 1 TO:

WINTER (Until May 30th)

3 New King Street, White Plains, NY 10604
p: 800-753-9118 f: 914-997-6063

SUMMER (After May 30th)

6 Hawthorne Road, Lenox, MA 01240
p: 800-753-9118 f: 413-637-8245

INSURANCE AND CREDIT CARD INFORMATION

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.

Camper's Name _____

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 son 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 Camp Mah-Kee-Nac,
both during his stay and upon discharge, until the account is paid in full.