

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.**

Fax the completed document to 716-287-2216 or submit online at www.bethanycamp.org

Camper Name: _____

PARENT

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

Initial Dose:	MMR _____	DTP _____	OPV _____	Tetanus _____
Last Booster:	MMR _____	DTP _____	OPV _____	Tetanus _____

Insurance Current Information:

Current Insurance Company: _____ Policy # _____

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

Under which parent's name is the insurance? _____

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

Signature of Parent or Guardian: _____

