Health Insurance Card Form

**Session Attending: Session \_\_\_\_\_**

**Name of Camper：** Sex: M F

**Grade: \_\_\_\_\_\_**

**Pick-up Location:** Circle one

**Camp site 　Tokyo (taking bus) Izu Taga Station \**

**Health Concerns:**

|  |
| --- |
| **Emergency contact #1:** name： |
| Phone number： |
| Emergency contact #2: name： |
| Phone number： |

**PLEASE ATTACH A COPY OF HEALTH INSURANCE CARD ON THE BACK OF THIS FORM**