

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**