INSURANCE AND EMERGENCY CONTACT INFORMATION

KC STAKE YW CAMP---JUNE 9-14, 2025 (ALL YW and ADULT LEADERS need to complete this form)

EMERGENCY CONTACT INFORMATION Emergency Contact #1 (other than parents): Relationship: Emergency Contact #2 (other than parents): Relationship: INSURANCE INFORMATION	Phone: ()
Physician Name:	Phone: ()
Medical Policy:	
Participant Name:	
INSURANCE AND EMERGENCY CONTACT INFORMATION KC STAKE YW CAMPJUNE 9-14, 2025 (ALL YW and ADULT LEADERS need to complete this form)	
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Participant Name: