

# 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: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Emergency Contact #2 (other than parents): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

## INSURANCE INFORMATION

Physician Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Medical Policy: \_\_\_\_\_ Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Ward: \_\_\_\_\_

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