



2026 RESIDENT CREDIT CARD AUTHORIZATION and HEALTH INSURANCE INFORMATION

To be completed by Parent or Guardian

PRINT CAMPER'S NAME _____
First Last

DATE OF BIRTH _____ FALL GRADE _____
MM DD YYYY

All Resident Campers are required to provide proof of Medical/Healthcare Insurance, and completed Credit Card Authorization

Credit Card information will be kept on file in the event of a medical treatment, co-payments, and/or prescriptions. All doctor's charges, hospital bills, pharmacy bills, etc., will be sent directly to the parent responsible for paying bills. Parents will be responsible for the balance and co-pays not covered by insurance, and for filing claims with insurance companies.

If a credit card is not on file, families will be required to leave a \$1,000.00 deposit for any medical services incurred.

CARD TYPE:

VISA: _____
 MASTERCARD: _____

CREDIT CARD #: _____ EXPIRATION DATE: _____
 VALIDATION CODE: _____

Name as it appears on the card: _____
 Address, City, State, Zip _____
 Country (if applicable) _____
 Signature of Card Holder _____ Date _____

HEALTH INSURANCE

Insurance Company _____
 Policy # or ID # _____
 Group # _____
 Prescription (RX) Bin # _____
 Name of Policy Holder _____
 Policy Holder's DOB _____
 Effective Date _____
 Phone _____
 Full Address _____

Please forward a copy of the front and back of the insurance card, or a copy of the medical policy to our Health Center at healthcenter@ovs.org by June 1.