



HEALTH INSURANCE FORM

FOR PARENT/GUARDIAN TO COMPLETE

Return to The Putney School Summer Programs
418 Houghton Brook Rd., Putney, VT 05346 USA
Phone (802) 387-6297 • Fax (802) 387-6216

⇒ Return this form with a **photocopy of the health insurance card for the plan that covers your child.**

Student's name _____

Policy holder's name _____

Policy holder's date of birth _____

Policy ID number _____

Group number _____

Insurance Provider's name (e.g., Vermont Blue Cross) and phone #

I have attached a photocopy (front & back) of the student's health insurance card.....example →

