

Insurance Form

Personal Information:

Name _____

Address _____

Phone Number _____ Age _____ Grade _____

Health Information:

Do you have allergies? _____ If so, What type? _____

Do you have diabetes? _____ Epilepsy? _____ Asthma? _____

Heart Condition? _____

Other: _____

Are you currently under a physician's care? _____ Why? _____

Are you using medication on a regular basis? _____ What kind? _____

Insurance information:

Name of insurance company: _____

Policy Number: _____

Group Number: _____

Parental or Guardian Agreement:

In consideration for your agreeing to accept my child, I hereby give my consent and authorization for any medical or surgical treatment deemed necessary by a physician chosen by the Minister of Students or youth leader under his authority. I also authorize the transportation of my child at your discretion, in the event of an emergency.

Signature of Parent or Guardian: _____

Date: _____

Phone No. Home: _____

Work: _____

Name of Family Friend: _____

Phone No. _____

(Please Attach a photocopy of the front and back of your insurance card.)

Notary:
