

# Preschool and Kid's Ministries

## Children

### Insurance Form 2012

- ◆ This form must be completed to participate in any Shadowbrook Baptist Church activity.
- ◆ You may still participate without insurance.

#### **Personal Information:**

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Birthdate \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Do you have medical insurance for your child?**

Yes

No

**If yes, please complete the following:**

#### **Insurance Information:**

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company Phone# \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Card Holder's Name and Date of Birth \_\_\_\_\_

Employer of Primary Card Holder \_\_\_\_\_

**Please attach a copy of your child's insurance card (front & back) to this completed form.**

#### **Medical Information:**

◆ Allergies \_\_\_\_\_

◆ Diagnosed conditions (physical & emotional) \_\_\_\_\_

◆ Current Medications being taken \_\_\_\_\_

#### **Emergency Information:**

In the event of an emergency, we authorize the Shadowbrook Baptist Church Representative for this event to approve needed medical attention as deemed necessary for the above named child if I am unable to be reached.

By: Parent(s)/ Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

PLEASE PRINT

Parent Signature \_\_\_\_\_ Home Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Work# \_\_\_\_\_

**Please put additional emergency contact information on the back.**