

Preschool and Kid's Ministries

Adult

Insurance Form 2012

- ◆ This form must be completed to participate in any Shadowbrook Baptist Church activity.
- ◆ The information below will be used only in case medical attention is needed for you.

Personal Information:

Name _____ Birthdate _____
(Last) (First)

Phone # _____ Cell # _____

Address _____ City _____ Zip _____

Doctor's Name _____ Phone _____

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 insurance card (front & back) to this completed form.

Medical Information:

- ◆ Allergies _____
- ◆ Diagnosed conditions (physical & emotional) _____
- ◆ Current Medications being taken _____

By my signature below, I give Shadowbrook Baptist Church and the person in charge permission to seek medical attention for me if I am unable to communicate to medical personnel.

Signature _____ Date ____/____/____

PLEASE PRINT

Please put additional emergency contact information on the back.