



STUDENT MINISTRY INSURANCE FORM FOR STUDENTS FOR 2012

- The information below will be used only in case medical attention is needed for your student.
- Emergency Contact Information will be requested on Registration Forms signed at the time of each activity.
- Your student may still participate without insurance.

Student's Name: _____
(please print)

Birthdate: _____ Phone: _____
(mon/day/year)

Address: _____

Student's Doctor: _____ Phone: _____

Do you have medical insurance for your child? Yes No If yes, please complete the following:

Insurance Information:

Name of Insurance Company: _____
(please print)

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

Medical Information

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

If additional space is needed, please use the back of this form.

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

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Date Signed: _____ Home Phone #: _____

Cell Phone #: _____