

Emergency and Insurance Information

Name of Minor _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

On-going mediations: _____

Emergency Contact Person

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Number (____) _____ Cell Number (____) _____

Do you have health insurance? ____yes ____no

Name of Insurance Company _____

Who is the policy holder? _____ Policy/Group Number _____

Alternate Contact Person

Name _____

Address _____

City _____ State _____ Zip _____

Home Number(____) _____ Cell Number(____) _____

Being the parent or legal guardian of _____, (minor's name)

I _____ (parent/guardian's name) do consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all effort will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists and other providers attending to my child will take all reasonable precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Date: _____ Parent/Guardian Signature: _____