

2018-2019 INSURANCE FORM

Required for protection of the church and the students

Student Name _____ Home Phone _____

Parent/Guardian Name(s) _____

Parent/Guardian Work Phone(s) _____ Cell # _____

Address _____ City _____ Zip _____

Family Physician _____ Phone # _____

Insurance Company/HMO/PPO _____

Policy Number _____ Phone # _____

In the event of illness or injury if parent/guardian is not available, we should call:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

In the event that your child needs immediate emergency care, may we take him/her to the nearest hospital for treatment? YES _____ NO _____

Does your child have any allergies or is he/she on any medication? YES _____ NO _____

If yes, please explain: _____

Please list any special needs or health problems: _____

BY SIGNING THIS FORM, YOU RELEASE OAKWOOD COMMUNITY CHURCH AND THE STUDENT MINISTRY FROM LIABILITY IN CASE OF ILLNESS, INJURY OR DEATH.

Parent/Guardian Signature(s): _____

Date: _____