

Insurance and Emergency Information

Date _____

Central Church of Christ, 45 North Main Street, Sparta, TN. 38583

Student's Name _____

Parents Names and address _____

Insurance Information *

Is the participant covered by family medical/ hospital insurance? ___yes ___No

Please list carrier or name of insurance _____ Group # _____

Please photocopy front & back of health insurance card and attach it to this form.

Emergency Information *

Custodial parent/guardian

Last name _____ First Name _____ Relationship _____

Home phone _____ work phone _____ cell phone _____

Second parent or guardian or emergency contact

Last name _____ First Name _____ relationship _____

Home phone _____ cell Phone _____

In case of emergency-

In the event I cannot be reached in an emergency, I give my permission to the physician to secure and administer treatment, including hospitalization for the person named above.

Signed and dated-

Date- _____

_____ *Legal guardian/parent*

Notary stamp

Signed by notary _____

Notary expires on _____