

MEDICAL INSURANCE INFORMATION FORM

Last Name First Name Birth Date

Insurance Company _____

Policy Number _____

Employee/Insured Name _____

Parents/Guardians Phone Numbers: Home: _____

Cell: _____ Work: _____

Current Medications: _____

List Surgeries: _____

List Allergies: _____

Epi-Pen Prescribed: YES NO

Any Medical Issue the Summer FAIR staff should be aware of: _____

The Parents/Guardians do hereby give consent to Summer FAIR, to secure and authorize emergency medical treatment when the parents/guardians cannot be located immediately.

NOTE: Every effort will be made to notify the parents/guardians in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

Physician's Name: _____ Phone Number: _____

If the parents/guardians are unavailable, other relatives or persons to contact in emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Signature of Parent/Guardian: _____

Date: _____