

Insurance Information

Insurance Provider: _____ Policy Number: _____

Additional Emergency Contact Information (optional)

Name: _____

Relationship to Child: _____ Phone Number: _____

Additional Medical Information (optional)

Allergies, Medication, Medical Problems, Explanations: _____

NOTE: *This information will be kept in a safe and secure place for one year. Information may be kept longer for insurance purposes. Information may be shared with ministry and staff volunteers for ministry purposes only. If you have any questions, please contact the church office (903) 845-4425 or by email gladewaternaz@gmail.com.*