

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? Yes No

If yes, please fill out the following:

Name of the insured: _____

Name of Insurance: _____

Policy Number: _____

Address of insurance company: _____

Phone Number of insurance company: _____

Do you have a prescription plan? Yes No

If yes, name of pharmacy: _____

Phone number of pharmacy: _____

"In the event that the parent/guardian of the minor or the emergency contact for the adult cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or administer an injection, anesthesia, or surgery for my son/daughter or myself as deemed necessary."

Signature of Participant (if 18 or older) or Parent/Guardian: _____

Date: _____

THIS FORM VALID FROM January 1, 2024 until December 31, 2024