

Medical Information

I understand that the Evangelical Covenant Church of Clay Center, Kansas, accepts proof of personal insurance. I agree that my insurance company will be used for all necessary medical expenses and am aware that I may be billed by the medical provider for any medical expenses not covered by my personal insurance policy, and will be responsible for payment of those expenses.

Further, should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby agree to assume all costs.

Student Signature(s): _____

Parent(s) Signature(s): _____

or

Legal Guardian Signature: _____

Date: _____

Medical Insurance Company & Policy #: _____

Does the student have any allergies and are they taking any medications that we need to be aware of? If including more than one child per form, please indicate allergies or medications individually for each:

Child #1: _____

Child #2: _____

Child #3: _____

In case of emergency please call:

(Indicate home, work, cell, grandparents, list whatever is necessary to reach you)

1. _____	this # reaches _____
2. _____	_____
3. _____	_____
4. _____	_____

☛ ☛ ☛ Please fill out other side ☛ ☛ ☛