



Shadowbrook Church

Please remit completed form to:
Shadowbrook Church Attn:
Kids Ministry
4187 Suwanee Dam Road
Suwanee, GA 30024

Kids Ministry Insurance Form 2017 - ADULTS

- This form must be completed to participate in any Shadowbrook Baptist Church activity.
- The information below will be used only in case medical attention is needed for you.
- You may still participate without insurance.

Name: _____
(please print)

Birthdate: _____ Phone: _____ Cell: _____
(mo/day/year)

Address: _____

Doctor: _____ Phone: _____

Do you have medical insurance for your child? Yes No If yes, please complete the following:

INSURANCE INFORMATION

Name of Insurance Company: _____
(please print)

Address: _____ Phone: _____

Policy #: _____ Group #: _____

Cardholders Name: _____ Date of Birth: _____

Employer of Primary Card Holder: _____

Please attach a copy of your child's insurance card (front & back) to this completed form.

MEDICAL INFORMATION

Allergies: _____

Diagnosed conditions (physical & emotional): _____

Current Medications being taken: _____

If additional space is needed, please use the back of this form.

By my signature below, I give Shadowbrook Baptist Church and the person in charge permission to seek medical attention for me if I am unable to communicate to medical personnel.

Name: _____ Date Signed: _____
(please print)

Signature: _____