

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

# Shadowbrook Church



## Kids Ministry Insurance Form 2017 - KIDS

- This form must be completed to participate in any Shadowbrook Baptist Church activity.
- Your child may still participate without insurance.

Child's Name: \_\_\_\_\_  
(please print)  
Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_  
(mo/day/year)  
Address: \_\_\_\_\_  
Child's 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.**

### EMERGENCY INFORMATION

In the event of an emergency, I/we authorize the Shadowbrook Baptist Church Representative for this event to approve needed medical attention as deemed necessary for the above named child if I/we are unable to be reached.

By: Parent(s) / Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(please print)  
Parent / Guardian Signature: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Please put additional emergency contact information on the back of this form.**