

- The information below will be used only if medical attention is necessary.
- Emergency Contact information will be requested on Registration Forms signed at the time of each activity.
- You may still participate without insurance.

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

Student's Name: _____
(please print)
Birthdate: _____ Phone: _____
(mo/day/year)
Address: _____
Student's Doctor: _____ Phone: _____

Do you have medical insurance? 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 student'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.

Signature: _____ Date Signed: _____