



- 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.
- Your student 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: _____ (mo/day/year) Phone: _____
 Address: _____
 Student'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 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 my student if I am unable to be reached.

Name of Parent or Guardian (please print): _____
 Signature of Parent or Guardian: _____ Date Signed: _____
 Home Phone #: _____ Cell Phone #: _____