



- 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 #: \_\_\_\_\_