

## Permission Slip--Insurance Information

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_

PARENT'S NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_ - \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Permission is granted for medical treatment should any injuries occur during a Youth Team activity. Notification of any emergency will be made with parent or guardian as soon as possible. By signing this form you give North Haven Church Student Ministry permission to publish pictures and video of your child on our webpage.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

I understand that I will abide by all regulations and follow instructions of the leaders during Youth Team activities.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

### EMERGENCY INFORMATION:

Father's work phone: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Hospital or Clinic most commonly used (if in the local area): \_\_\_\_\_

Clinic or Hospital Phone: \_\_\_\_\_

*Alternate emergency contact if you cannot be reached:*

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone: \_\_\_\_\_

### INSURANCE INFORMATION

1. Family Health Insurance Company: \_\_\_\_\_

2. Policy Number: \_\_\_\_\_

3. Group Number: \_\_\_\_\_

4. Name of insured: \_\_\_\_\_