

Student Insurance Information

Meigs Magnet Middle School (4H Camp)

Student name: _____

Last

First

Middle

Birthdate: __/__/__

Home phone: _____

Father's name: _____

Place of Work: _____

Telephone: _____

Mother's name: _____

Place of Work: _____

Telephone: _____

Person to be called if a parent can't be reached: Name: _____

Relationship: _____ Telephone: _____

Name of student's doctor: _____

Office Address: _____

Office telephone: _____

Hospital of choice: _____

Insurance:

Primary Medical/Health and Accidental Insurance

Name of Company

ID #

Group #

Social Security #

Secondary Medical/Health and Accidental Insurance

Name of Company

ID #

Group #

Social Security #

The legal responsibility for medical and transportation expense incurred on behalf of your so/daughter is a parental one.

Parent Signature

Date