

Please fill out the following information: **(Please update information when there are insurance changes!)**

Alternate Emergency Contact _____
and Phone Number _____
Alternate Emergency Contact _____
and Phone Number _____

Please list any allergies, medications, or special medical problems.

Is your youth covered by medical/hospitalization insurance? Yes ___ no ___
If yes, the following information is necessary:
For your protection, please describe what type of preauthorization is required in order for services to be covered by your insurance policy:

Name of Insured _____
Insurance Company Name _____
Insurance Company Phone Number _____
Insurance Company Address _____
Group and Policy Number _____

Child's Birth Date _____
Insurance Carrier's Birth Date _____

If applicable:
Mother/ Guardian Place of Employment _____
and Business Phone Number _____
Father/ Guardian Place of Employment _____
and Business Phone Number _____

** The insurance carrier's social security number or insurance ID number may be required, per request of hospitals, for admittance. This information will be obtained by the hospital in the event your child needs to receive medical attention. If you have further questions, please contact Pastor Brice Land at (713) 818-6846 or brice@fellowshipofchampions.com