



Andover A Better Chance Insurance & Emergency Contact Information

School year: _____

1. Name of student _____

2. Parent or Guardian _____

Home address _____

Home telephone _____ Cell Phone _____

Work address _____

Work telephone _____

Another work address _____

Another work telephone _____

3. Do you have medical insurance that covers the student? _____

Name of the insurance company? _____

Card # _____

In name of _____

Please send a copy of the insurance or medical card (front and back) if the student does not have a card of her own.

4. Relative or Friend who may be contacted in case of an emergency:

Name _____

Address _____

Telephone _____ Cell Phone _____

5. Name of student's doctor _____

Address _____

Telephone _____