



INSURANCE & EMERGENCY CONTACT INFORMATION
2017-2018

1. Student's Name _____ Date of Birth _____

Print Name of Parent/Guardian: _____

Home address _____

Home Phone _____ Cell Phone _____ Relationship _____

Work Address _____

Work Phone _____

2. Medical Insurance Coverage

Medical insurance is required by ABC of Andover. *Please attach a copy of the insurance card (front and back) to this packet. In addition, please send your child with an insurance card of her own.*

Name of the insurance company _____

Card # _____

Subscriber _____

Commercial Insurance yes _____ no _____

Insurance Company _____

Policy Holder _____ Policy Number _____

Medicaid yes _____ no _____

3. Other Emergency Contact:

Print Name _____

Address _____

Phone _____ Cell Phone _____ Relationship _____

4. Parent/Guardian Signature: _____ Date _____