

La Jolla United Methodist Church Nursery School
Facility # 372000312

New Medical Consent Form and Insurance Information

CHILD'S NAME _____ DATE: _____

HEALTH INSURANCE COVERAGE IN CASE OF EMERGENCY:

NAME OF COMPANY: _____

POLICY NUMBER: _____

ADDITIONAL INFORMATION NEEDED TO ACCESS THE CHILD'S
INSURANCE IN CASE OF EMERGENCY:

PERSONS AUTHORIZED BY THE FAMILY TO HAVE ACCESS TO HEALTH
INFORMATION ABOUT THE CHILD: _____

PARENT SIGNATURE: _____ DATE: _____