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East Tennessee District Church of the Nazarene
Children's Ministries

Insurance Information Form

_____ _____

Name of Participant Date of Birth

_____

Parent or Legal Guardian

_____ _____ ____ _____

Address City State Zip

_____ _____

Home Phone Cell Phone

_____ _____

Name of Insurance Policy Number

_____

If we are unable to contact you, please provide a second person to contact and phone number above.

_____

Allergies/allergic reactions of my child

_____

Medications and dosage my child is taking

Any special physical/medical needs:

_____

Please mail this form along with the notarized form to:
Melinda Hale
325 Pocahontas St.
Newport, TN 37821
If you have any questions:
423-765-7569 or
melinda1102@gmail.com