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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