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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:**  
**Kara Cole**  
**5312 Candy Cane Ct.**  
**Murfreesboro, TN 37129**  
If you have any questions:  
859-963-6447 or  
klyncole@gmail.com