

Visual Art Academy -MEDICAL & HEALTH INSURANCE INFORMATION

(Please make a photocopy of your insurance card(s) and enclose with this form for use in case of emergency)

Primary Insurance Information:

Child's Full Name: _____

Name of Insurance Company:

Insurance Company Address:

Insurance Company Phone #:

Policy Holder's Name:

Policy Holder's Social Security Number:

Group #:

Child's Relationship to Policy Holder:

Secondary Insurance Information:

Name of Insurance Company: _____

Insurance Company Address:

Insurance Company Phone #:

Policy Holder's Name:

Policy Holder's Social Security Number:

Group #:

Child's Relationship to Policy Holder:

Mother home phone _____

Mother work phone _____

Mother cell phone _____

Father home phone _____

Father work phone _____

Father cell phone _____

Emergency contact name _____

Emergency contact phone _____

Is your child taking any medication? Yes No
If yes, please list the medication and how frequently it must be taken.

Medication type	Frequency
1 _____	_____
2 _____	_____
3. _____	_____

Does your child have any medical conditions, such as diabetes or asthma, of which we should be aware?
 Yes No If yes, please describe.

Name of child's physician: _____

Physician phone: _____

Is your child eligible to be seen at Chief Andrew Isaac Medical Center: Yes No
If yes, and your child is not from Fairbanks, please be sure your child has his/her ID card.

If, in case of a medical emergency, the Academy staff is unable to reach me at any of the numbers (to the lower left side of this page), I give permission to the Academy Director or Administrative Assistant to authorize medical treatment for my child, the cost of which will be paid by me or by my medical insurance carrier(s) listed above.

Child's name (please print): _____

Parent/Guardian signature: _____

Date: _____