

**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: \_\_\_\_\_