

Child's Insurance Information

In the unlikely event your child should have to be taken to the emergency room and to help expedite the best possible care in case you may not be able to arrive at the hospital immediately, we ask that you provide University School's Enrichment/Recreational Program with the following information.

Name of Child: _____

Name of Insured: _____

Relationship of Insured to child: _____

Insurance Carrier: _____

Policy Number: _____

Group Number: _____

Contact information for Insurance Carrier:

Address: _____

City, State Zip Code _____

Phone _____

**Child's specific medical concerns that should be shared with emergency personnel
(i.e. allergies, asthma, seizures, chronic conditions):**

1. _____

2. _____

3. _____

4. _____

Signature of Insured

Date

Child's Immunization Information

I certify that my child _____ has had all immunizations required for school attendance. These immunizations are on file at this location: _____.

My child is currently in the _____ grade at University School.

Parent/Guardian Signature

Date