

# FOURTH BAPTIST CHRISTIAN SCHOOL STUDENT-ATHLETE MEDICAL INSURANCE FORM

*(Please Type or Print)*

<b>Today's date:</b>				<b>School Year:</b>	
<b>STUDENT-ATHLETE INFORMATION</b>					
Student's last name:		First:	Middle:	<b>Medical Alert/Allergies:</b>	
Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<b>Carpool Authorization:</b> I authorize my child to carpool with the following person(s): (Please note - Students may not carpool with other students unless it is a sibling.)		
Street address:			Home phone:		Student Cell:
P.O. Box:		City:	State:	ZIP Code:	
<b>INSURANCE INFORMATION</b> <i>(Please attach a copy of insurance card at the bottom of this form. Please copy both sides.)</i>					
Person responsible for bill:		Birth date:	Address (if different):		Home phone:
					Work phone:
Parent(s):		Parent(s) address:		Dad's Cell:	
				Mom's Cell:	
Is this student covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Doctor/Clinic:		Clinic Phone:	
Primary Insurance:	Ins. Company:		Employer:		
Subscriber's name:	Subscriber's ID#:	Birth date:	Group #:	Policy #:	Co-pay: \$ 0
Student's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Other (explain)					
Name of secondary insurance (if applicable):		Subscriber's name:		Group #:	ID or Policy #:
Student's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Other (explain)					
<b>IN CASE OF EMERGENCY</b>					
Name of local friend or relative (not living at same address):			Relationship to student:	Home phone:	Cell or Work phone:
<p><b>READ:</b> In event of an injury or serious illness, I request that the school contact me. If the school is unable to contact me, I grant permission to FBCS personnel to release my child for immediate medical care. I will be responsible for all financial obligations incurred during such treatment. I also give approval for my child to participate in the FBCS Sports Program. I understand that in order to play that I must pay an athletic fee of \$150 for Varsity/Junior Varsity sport per child and \$125 for Junior High Sport per child per season.</p>					
<b>Parent/Guardian Signature</b>				<b>Date</b>	

Place a copy of the Insurance card here. (FRONT AND BACK)