

THE CENTER FOR CREATIVE LEARNING
Insurance and Health Information Card

Last name of minor, First name Birth date

Address of minor (with city, state and zip, please!) GRADE

The undersigned hereby authorize any adult representative of The Center for Creative Learning and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the MEDICAL PRACTICE ACT, or any dentist licensed under the provisions of the DENTAL PRACTICE ACT.

This authorization will remain effective from September 1, 2020 to June 30, 2021, while the above named minor is in the care of The Center for Creative Learning or one of its agents.

Type of medication and specific instructions: _____

Allergies, including reactions to medications: _____

Activity Restrictions: _____

Additional information that adult representatives should be aware of: _____

signature of Father or Guardian

signature of Mother or Guardian

Today's Date Insurance Carrier policy number

Emergency Contact Information:

Father: _____ Mother: _____

Address _____ Address _____

Occupation: _____ Dad's Cell _____

Employer: _____ Mom's Cell: _____

Dad's work phone: _____ Home Phone: _____

E-Mail address: _____

*****In case of emergency, who can we contact if you are not available?*****

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____