



Insurance Coverage and Emergency Treatment

Hospitalization Insurance Company:	
Policy Number:	
Print Name of Person Issued Policy:	Signature:

Family Doctor:	Phone Number: ____ - ____ - _____
Family Dentist:	Phone Number: ____ - ____ - _____

Emergency Permission

I hereby give my permanent consent to any Hospital Emergency Room staff to treat

_____ *in any emergency type situation in the event that it is*

Name of student – first and last

impossible to reach me personally.

Contact Information

Date	Circle One Father Mother Guardian	Print Name	Signature
Home Phone Number: ____ - ____ - _____		Work Phone Number: ____ - ____ - _____	Cell Phone Number: ____ - ____ - _____
# and Street		City	IL Zip Code

Date	Circle One Father Mother Guardian	Print Name	Signature
Home Phone Number: ____ - ____ - _____		Work Phone Number: ____ - ____ - _____	Cell Phone Number: ____ - ____ - _____
# and Street		City	IL Zip Code