

Is there medical or hospitalization insurance which provides benefits for this child? _____ If so please indicate:

Name of Policy Holder _____

Name of Insurance Co. _____

Street Address _____

State _____ Zip _____ Phone _____

Insurance Policy Number _____

I understand that Covenant Life Presbyterian Church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that my personal medical and hospitalization insurance available to my family will provide primary coverage and the church or ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the church or ministry's medical and hospital coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the event or activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give my permission to the church's sponsor or any adult counselor acting on behalf of the ministry with respect to the event or activity, as agent for me, to consent to any X-ray examination; injections; anaesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. to the best of my knowledge, I have listed above all my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all activities except as noted by me.

Signature _____ Date _____
Parent or Guardian

Witness _____ Date _____