



## Health Insurance Data and Medical Consent Form

### Student

Last Name	First Name/Middle Initial	Date of Birth (M/D/Y)	SS #
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### Custodial Parent or Guardian Name

Last Name	First Name/Middle Initial	SS #	Date of Birth of Custodial Parent (MM/DD/YY)
Address line 1		Email address	
City	State/Country	Zip	
Home Phone	Work Phone	Mobile Phone	Fax

### Insurance Policy Holder (All students are required to have health insurance coverage)

Last Name of policy holder	First Name/Middle Initial	SS #	Date of Birth (MM/DD/YY)
Address of Policy Holder			

Insurance Company Name	Policy Number	Phone Number	Co-Pay amount
Address	City	State/Country	Zip

**\*\* Please include a photo copy of your insurance card \*\***

<b>Allergies</b> (list any food, medicine, or environmental allergens and reactions to allergens)
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### Emergency contact person (Not custodial parent or guardian. Contact **must** be located in the United States.)

Last Name	First Name/Middle Initial		
Home Phone	Work Phone	Mobile Phone	Fax

### Custodial Parent or Guardian Consent & Student Release of Information:

1. I give authorization for Cono Christian School (Cono) staff or dorm parent(s) to make decisions regarding medical/surgical care in the event of an emergency or acute illness and/or in the event of a serious medical or psychological development when a parent or guardian is not immediately available and in the regular and ongoing healthcare concerns of my child.
2. I give authorization for the exchange of pertinent medical information between Cono staff and other medical personnel involved in the care and treatment of the student.
3. I give authorization for Cono to obtain copies of medical records from a hospital, outpatient department or doctor's office. I also give authorization for Cono to speak on my behalf with health care professionals.
4. I agree to assume financial obligation for all medical services and treatment.
5. I furthermore agree not to hold Cono or its representatives, liable or responsible for any actions they deem necessary for the well being of my child.

This authorization covers any dates in which the student is enrolled at Cono.

I hereby sign consent to all the provisions above.

Signature of Parent/Guardian	Date
Signature of Student	Date