

Student Action Team Insurance Information

Student name:	Campaign:	
Date of Birth:	Age:	Sex:
Address:		
City:	State:	Zip:
Parent/Guardian Names:		
Emergency contact phone number(s):		
Insurance provider:	Policy holder:	
Policy #:	Group #:	

I am sending a copy of my insurance card with this form.

I, _____ (name of parent/guardian), certify that my child is insured under a policy with _____, and that this will serve as primary insurance. I also authorize any duly-appointed representative of Generation Joshua to direct any treatment and/or hospitalization needed as a result of injury or illness occurring during involvement in campaign activities.

Signature of Parent/Guardian

Date

Please bring this form with you to the campaign.