

Health Insurance Information

Name of Primary Insurance Company _____

Phone Number of Primary Insurance Company _____

Address of Primary Insurance Company (if available) _____

Member Number (if applicable) _____

Group Number (if applicable) _____

Consent for 911 and Emergency Services

I, _____ (Parent's/Guardian's Name Printed), grant permission to the Kinney Center and Saint Joseph's University to call upon 911 or other emergency services when it is warranted, under their discretion, that these services are necessary for my child, _____ (Participant's Name Printed).

Parent/Guardian Signature