

SOUTHERN CALIFORNIA CONFERENCE
SEVENTH-DAY ADVENTIST CHURCH

**SUPPLEMENT TO AUTHORIZATION FOR
MEDICAL TREATMENT FOR MINORS**

CONFIDENTIAL HEALTH and EMERGENCY INFORMATION

My child's information:

Full Legal Name: _____
First Middle Last

Address: _____
Number and street

City State Zip Code

Home Phone: _____

Birth Date: _____

Health Insurance: Health Insurance Company: _____

Name of Insured: _____

ID Number: _____

Medication being taken or allergies: _____

PLEASE ATTACH A PHOTOCOPY OF THE HEALTH INSURANCE CARD.

Parent/Guardian information:

Printed name: _____

Address (if different): _____

Phone numbers: Cell: _____

Work: _____

Home: _____

Parent's E-mail: _____