



RHEMA WORD CHRISTIAN ACADEMY

CREATING WORLD CHANGERS

MEDICAL INSURANCE

Check one

___ I do not have medical insurance

___ I do have medical insurance coverage on child with _____
Insurance Company, policy or certificate # is _____. Insurance
company phone number is _____.

Please list any medications or drugs to which the student has had and allergic or adverse
reactions to

Parents/Guardians/Guardian Signature

Date

Copies of this authorization may be presented to the admissions office of a hospital or clinic
or to a physician or dentist. Other distribution shall be only within the limitations of the
Family Education Rights and Privacy Act. (For Field Trips, Teachers, and Office Use – Does
not go to the Nurse's office)