

**EMERGENCY &
INSURANCE INFORMATION**

DELBARTON SCHOOL 2010-2011

Report of Parent

This information must be updated each year

Student's Name _____ Age _____ Birthdate _____ Grade _____

Street _____ Town _____ Zip _____

Mother's/Guardian's name _____ Home tel.# _____ Work # _____

Address _____ Cell # _____ Email _____

Father's/Guardian's name _____ Home tel. # _____ Work # _____

Address _____ Cell # _____ Email _____

When both parents work, who should be notified to take a sick student home? _____

In case of emergency who should be notified first? _____

If not available, notify:

1. Name _____ Relationship to Child _____

Home tel. # _____ Work tel. # _____ Cell # _____

2. Name _____ Relationship to Child _____

Home tel. # _____ Work tel. # _____ Cell # _____

My son is covered by the following insurance:

Name of insuror (i.e. Blue Cross, Aetna, etc.) _____

Policy # _____

PLEASE NOTE: All students are enrolled in a compulsory Full Excess Student Accident Insurance Plan with Bollinger Inc. Under this plan benefits are paid on an EXCESS basis, i.e. coverage is provided only for those medical expenses that are NOT covered by other applicable insurance plans. The claim form is available from the school nurse. Claims must be filed within 90 days of injury.

An application for 24 hrs/7 day a week plan is available from the school nurse.

Signature _____

Date _____