

His Kids Childcare Center Insurance Declaration Form

Please fill out the following medical insurance information for your child. Your information is kept confidential and will be used only in the event of an emergency.

CHILD'S NAME: _____

PRIMARY INSURANCE COMPANY: _____

CONTACT NAME: _____

CONTACT PHONE/FAX: _____

INSURED PARENT: _____

POLICY NUMBER: _____

GROUP NUMBER: _____

SECONDARY INSURANCE COMPANY: _____

CONTACT NAME: _____

CONTACT PHONE/FAX: _____

INSURED PARENT: _____

POLICY NUMBER: _____

GROUP NUMBER: _____

CHECK BOX IF CHILD IS NOT COVERED BY ANY INSURANCE