



**Bradley United Methodist Church**  
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**INSURANCE FORM  
2008-2009**

*This form is to be completed once a school year and will be kept on file.*

**Name of Youth:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Youth Cell Phone (if applicable):** \_\_\_\_\_

**Participant's Insurance Company:** \_\_\_\_\_

**Participant's Insurance No.:** \_\_\_\_\_

**Participant's Primary Care Physician:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Participant's Known Allergies:** \_\_\_\_\_

**Participant's Current Medications:** \_\_\_\_\_

**Primary Emergency Contact:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Secondary Emergency Contact:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_