PRINT: Last Name, First Name



North Country Mission of Hopesm

Working Together to Improve Lives

3452 Route 22, Peru, NY 12972 Office: 518-643-5572 Cell: 518-572-4246 <u>DSHope2@charter.net</u> <u>www.ncmissionofhope.org</u>

MEDICAL INSURANCE AND EMERGENCY CONTACT INFORMATION

articipant Name				
(Last Name)		,	Name)	(MI)
ate of Birth:	Gender:	M F		
Month Day Year				
lergies (Medicine, food, etc)				
ecial Dietary Needs:				
st any medications being taken:				
ysical Impairments/Psychological or Emotional	needs:			
mily Physician:				
Address:				
Phone: ()				
Phone: ()ame of Insurance Carrier:				
		Policy No.:_		
Social Security Number of Policy Holder ((i.e.parent)	Policy No.:	ATTACI	H COPY OF INS. CA
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Social Security Number of Policy Holder (MERGENCY CONTACT: ame ddress (Street/PO Box) none (daytime) () Mail ad/or members of the Leadership Team and menor my child hile on trip(s) to Nicaragua. This authorization a	(i.e.parent)RelatioCityEvening(hereby authorize North Coumbers of the Medical Team to, or for myself_also includes traveling to and f	nshipSt intry Mission o seek and auth	ATTACI tateZip_ f Hope Directororize emerger	or, Sr. Debbie Blow,
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Revised October 2020