

Other concerns related to your daughter's physical condition:

Date of last Tetanus shot: _____

In case of a serious illness or injury, I may be reached at the following phone numbers:

DAY: _____ EVENING: _____

List below the names and phone numbers of two other persons who can be contacted in case of an emergency:

Name	Relationship	Phone

HEALTH INSURANCE INFORMATION:

Name of Plan (please attach a copy of your insurance card): _____

Policy Number: _____

Address of Insurance Company: _____

Name of Policy Owner (parent/guardian): _____

Parent or Legal Guardian: _____
Your Name

Address: _____

Phone: _____

I understand that ABGirls of the West will treat this information as confidential and release it only to the authorized healthcare professionals in the event that the minor requires medical treatment. ABGirls of the West, nor any of its representatives is not responsible for the accuracy of any of the information provided on this form.

**I understand that as the parent or legal guardian of _____
(name of minor)**

I am responsible for the expenses related to any medical or healthcare treatment offered. Furthermore, it is my responsibility to follow-up with the appropriate healthcare professionals in order to obtain accurate information regarding the minor's treatment.

Date

Your Signature as Parent/Legal Guardian