

Calvin Christian School

2000 North Broadway, Escondido, Ca. 92026 USA Phone: 1-760-489-6430 Fax: 1-760-489-7055
email: info@calvinchristianescondido.org website: www.calvinchristianescondido.org

Medical Insurance Information Form

To be completed and returned to the school after the student is accepted and insurance is purchased, but before the student is enrolled.

To Whom It May Concern:

Re: _____ Birthdate: _____
Student Name (English) (Month/Day/Year)

As the parent / guardian of the above named student, I / we accept full responsibility for the medical costs for our student during their time in the United States.

In addition, I/we declare that I/we have purchased medical insurance for our student for the upcoming school year through the:

(Insurance Company's Name)

_____, _____
(Address) (City)

(State) (Zip Code)

(Policy Number)

(Contact Person) (Phone Number)

This insurance policy covers: (Check all that apply)

- Major Medical – **this coverage is mandatory**
- Accidental
- Dental
- Vision
- Routine Physicals
- Prescriptions
- Other (please specify) _____

Sincerely,

Parent / Guardian Signature Date

Print Parent Name _____