

Saint Saviour High School
588 Sixth Street
Brooklyn, NY 11215

February 2017

MEDICAL HEALTH COVERAGE FORM

Dear Parents/Guardians:

Saint Saviour High School requires that each student provide her current Medical Health Coverage Information and a copy of her current Medical Health Coverage Card is kept on file with her medical records.

Please fill-in the necessary information, attach your daughter's Medical Health Card and submit with her medical forms.

Student Name: _____ Grade: _____

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Effective Dates: From: _____ To: _____

Name on Policy: _____

_____ A copy of my daughter's the Medical Insurance card is attached to this form.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date completed: _____