

Health Insurance Coverage
Required for treatment in an emergency

Child's Name: _____ **Date of birth:** _____
(Last) (First)

Name of insured: _____
(Usually parent or guardian)

Insurance company: _____ **Policy #** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Insurance Company Phone # _____

MSUM Early Education Center Treatment Form 2009-2010

Dental Insurance Coverage
Required for treatment in an emergency

Child's Name: _____ **Date of birth:** _____
(Last) (First)

Name of insured: _____
(Usually parent or guardian)

Insurance company: _____ **Policy #** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Insurance Company Phone # _____

MSUM Early Education Center Treatment Form 2009-2010