

**Current Health Insurance Information**

Sponsors Name: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Individuals authorized to have access to this information: \_\_\_\_\_

\_\_\_\_\_

**Note: Please check below if it applies.**

\_\_\_\_\_ No Insurance

\_\_\_\_\_ Parent / Sponsor does not wish to provide insurance information

\_\_\_\_\_  
Signature of Parent / Sponsor