

PROOF OF INSURANCE

Student's Name: _____

COPY BOTH SIDES OF HEALTH INSURANCE CARD(S)

Be sure all information is legible. If you change insurance during the year, you must send a legible copy of both sides to the Nurse's office as soon as possible. If you have separate insurance plans for dental car and/or prescriptions, please include copies of those cards.

Please make certain your student's medical and dental insurance is accepted in the State of California, preferably in the location of the school.

FRONT

BACK