

Summer Seminar

AMERICAN
NUMISMATIC ASSOCIATION FLORENCE SCHOOK SCHOOL OF NUMISMATICS

YOUNG NUMISMATIST HEALTH/EMERGENCY FORM

Last Name _____ First Name _____ Birth date _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone # _____ E-Mail Address _____

Please list any health conditions, medications, allergies or other information we should know prior to emergency treatment. **Attach additional information if needed.**

Whom should we notify in case of an accident or medical emergency? Please list an individual other than someone traveling with you.

Name _____ Relationship _____ Telephone Number _____

Please provide your insurance information below.

Name of Carrier and phone number _____ Policy ID and/or number _____

Signature (authorized parent/guardian signature if attendee is under 18) _____ Date _____

MEDICAL CARE AUTHORIZATION

Must be completed by authorized parent/guardian if attendee is under 18 years old.

In the event of illness or injury, I authorize the staff of the American Numismatic Association to act as my agent in obtaining medical care for:

Name of Child: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____