

Confidentiality and Health Insurance Information Form

(This form must be updated annually or as needed)

Child's Name

Health Insurance Information that may be needed for emergency care:

I authorize Greenbelt Children's Center to share health information about my child with the following:

Child's Physician (name): _____

Family Members (list names): _____

School or program that my child will transition to: _____

(Information will be kept confidential.)

Parent/Guardian's Name

Date