



Olney Friends School

61830 Sandy Ridge Road, Barnesville, OH 43713
www.olneyfriends.org

MEDICAL INSURANCE INFORMATION

Student Name _____ Birth date _____
HOME address _____
Phone _____ SSN# _____
Parent/Guardian _____ Phone _____
Address _____

PART A: INSURANCE STATUS

Does the above named student have medical insurance? Yes _____ No _____
If no, please indicate person responsible for the student's medical bills:
Responsible party name _____
Relationship to student _____
Address _____ Phone _____
Signature _____ Date _____

PART B: INSURANCE INFORMATION

*****Please note – a copy of each medical card(front and back) must be sent to the school nurse. International students purchasing medical insurance through OFS must complete this section and have parent/guardian sign below. *****

To be completed by the person who carries the insurance:

Subscriber's name _____ Birth date _____
Address _____
Phone _____ SSN# _____
Employer _____ Occupation _____
Employer Address _____ Phone _____
Insurance Company _____ Type _____
Address _____ Phone _____
Group Number _____
ID/Certificate Number _____

Parent/Guardian signature _____
Date _____