PERRY MULTI-COUNTY JUVENILE FACILITY
PERRY – COSHOCTON – DELAWARE – FAIRFIELD – KNOX – LICKING – MORGAN – MUSKINGUM
1625 COMMERCE DR. - NEW LEXINGTON, OH 43764 - PH: (740) 342-9700 - FAX: (740) 342-9701

Resident Insurance Information

Resident Name:_____ Date of Intake:_____

Parent or Guardian:_____

Address:_____
_____
_____

Phone: _____

Is this a different address than your child: _____Yes _____No
Do you have insurance coverage on this child: _____Yes _____No
Name of Insurance Company:_____
Group/Plan Number:_____
Name of Employer:_____
Address:_____
_____
Phone:_____

Do you give consent that the facility can use your insurance to provide for medical treatment for your child ____Yes ___No

Medications this youth is taking:

Medication	Dosage	Time Taken a Day
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies (Drug or Food or Environmental):
_____
_____

If there is insurance on this child, please attach a copy of the insurance card to this form.

_____ _____
Parent/Guardian Signature Date