

St. Luke's Day School & Kindergarten  
11080 Knights Road  
Philadelphia, PA 19154

STUDENT'S HEALTH INSURANCE VERIFICATION

Child's Name \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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DOCTOR INFORMATION

Pediatrician Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Office Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dental Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Office Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hospital Information

Hospital Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_