



6700 Bock Road • Fort Washington, Maryland 20744

**Student Medical Insurance Certification Form**

TO: NCA Administration

RE: Medical Insurance Coverage Verification for National Christian Academy Student for

\_\_\_\_\_ [Name of Student]

FROM: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian Date Form Completed

*Please complete the application section below.*

\_\_\_\_\_ The above-referenced student is covered by a group medical insurance policy offered by my employer, \_\_\_\_\_ [name of employer], under which family coverage is purchased. (Attach copy of insurance enrollment card for verification.)

\_\_\_\_\_ The above-referenced student is covered by an individual medical insurance policy issued by \_\_\_\_\_ [name of insurance company], under which family coverage is purchased. (Attach copy of insurance enrollment card for verification.)

\_\_\_\_\_ My child does not have medical insurance coverage.

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Contact (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

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Group or individual coverage verified by administration:

Date: \_\_\_\_\_ Administrator's Signature: \_\_\_\_\_