



ENVIRONMENTAL LITERACY

Children’s Environmental Literacy Foundation

Please complete and fax to: 914-206-4487

Or email to patti@celfeducation.org

Insurance Card and Credit Card Authorization Form

Participant Name _____ Date of Birth _____

Program _____ Event _____

Insurance Card Authorization

Place a copy of the front and back of your Insurance Card on this form and complete the Credit Card Authorization Form as indicated. If the copy is not clear, please print the information in the boxes below.

Name of Insured (parent/guardian) _____

Parent’s Date of Birth _____ Parent’s SS# _____

Box #1 – Health Insurance Card FRONT

Box #2 – Health Insurance Card BACK

**Box #3 – Prescription Card FRONT
(if not included on Health Insurance Card)**

**Box #4 – Prescription Card BACK
(if not included on Health Insurance Card)**

Credit Card Authorization

Credit Card type (circle one): MasterCard VISA

Name as it appears on card _____

Card No. _____

Expiration Date _____ Security Code _____

I give permission for any charges related to my child’s doctor co-pays, dental treatments, over the counter medications or prescriptions, and miscellaneous costs or fees for care of my child to be charged to the above credit card.

Signature of Parent _____ Date _____

Home Phone _____ Cell Phone _____