



**Personal Information
Changes Form
2009-10 School Year**

I, _____, parent or legal guardian (circle which one) of
_____, would like to continue as a participant in the
Sevier County School SMART program provided by Cherokee Health Systems for
the 2009-10 academic year.

I have marked and described any changes below that have occurred.

- My child has changed schools.
From _____ to _____
- My name has changed.
New information: _____
- My insurance has changed. Please include Name of Policy holder, ID number, group number or employer.
New information: _____

- My home address has changed.
New information: _____
- My emergency contact has changed. This is someone we can contact to give permission to treat your child if you cannot be reached.
New information: _____
- My phone number has changed. Please note if the number is your cell, work or home number.
New information: _____
- My Pharmacy is _____

Signed: _____ Date: _____