

(SAMPLE)
Proof of Insurance and Emergency Contact Form

Insurance Information

Please note the student's health insurance coverage below:

Name of Insurance Plan: _____

Insurance Card ID/Policy # _____

Expiration Date: _____

Please attach photocopy proof of insurance.

Emergency Contact Information

Please provide the name, address, and telephone number of two persons who may be contacted in the event of an emergency:

Name and Relationship: _____

Street Address: _____

Phone: _____ Cell: _____

Email: _____

Name and Relationship: _____

Street Address: _____

Phone: _____ Cell: _____

Email: _____