

2012-2013 Insurance and Emergency Information for all students (including athletes)

Please complete this form. Please print, sign and mail your completed form. **Mail by July 15 for autumn semester.**
Mail to: Health & Counseling Center - Carthage College - 2001 Alford Park Drive - Kenosha, WI 53140

Student Information

Student Name _____
(Last) (First) (Middle)

Student ID _____ Birth Date _____
(MM/DD/YYYY)

Cell Phone _____ Home Phone _____

Home Address _____
Street City State ZIP

Health Status

Current Health Problems

Emergency Contact Information

Contact Person _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Parent Information

	Father	Stepfather	Mother	Stepmother
Name	_____	_____	_____	_____
Employer	_____	_____	_____	_____
Work Phone	_____	_____	_____	_____
Do you carry insurance that includes the student?	Yes	No	Yes	No

Insurance Information

	Primary Policy	Secondary Policy
Policy Holder	_____	_____
Birth Date (Policy Holder)	_____	_____
Insurance Co	_____	_____
Insurance Address	_____	_____
Insurance City/State/Zip	_____	_____
Insurance Phone	_____	_____
Policy ID #	_____	_____
Group #	_____	_____
Effective Date	_____	_____
Type of Policy	HMO PPO	HMO PPO
Prescription Coverage?	Yes No	Yes No

I give my permission to release this information to the health provider in the event the student needs treatment off campus.

Policy holder signature _____ Date _____
(Primary) (Secondary)