



# "TRADE UP" Insurance and Emergency Information Form



Print in Black Ink

### Students Personal Data

Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Insurance Coverage:** (Identify who is providing coverage by placing an (X) in the appropriate space.)

	Student	Employer
Student Accident *	<input checked="" type="checkbox"/>	
Workers Comp		<input checked="" type="checkbox"/>
Individual Health / Accident **	<input type="checkbox"/>	

\*The college is providing "Student Accident" at no cost to the student

\*\*Strongly recommended but not required (check if available and complete information below)

Name of Health/Accident Insurance Company \_\_\_\_\_

Person Insured \_\_\_\_\_ Policy # \_\_\_\_\_

**Student Medical Information** (List medical information that would be helpful in case of an emergency)

Allergic to medications?      No      Yes

If yes, what medications? \_\_\_\_\_

List any allergies or other medical problems \_\_\_\_\_

### Family Information

Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**I consent for my child to receive emergency medical treatment in case of injury or illness.**

Signature of Parent/Guardian; \_\_\_\_\_ Date \_\_\_\_\_