

Defiance College Emergency Information Form

(Please Print) Student Name: _____

Date of Birth: _____ - _____ - _____ ID#: _____

1. Medical Insurance Information:

Did you or do you plan to purchase Bollinger Insurance offered through Defiance College? Yes or No

(To waive this cost off your college bill you must go to <http://www.bollingercolleges.com:80/defiance> .)

Are you covered by a Health Insurance policy under your name or through a parent or legal guardian?

Yes or No

Person Holding Medical Insurance: _____

Relationship to Student: _____ Effective Dates of Coverage: _____

Insurance Company Name: _____ Phone: _____

Identification Number: _____ Policy Number: _____ Group Number: _____

Is this medical insurance a PPO _____ or HMO _____ ? If yes to either of these, who is your primary care physician? _____ Office Phone: (_____) _____ - _____

2. Copy of Insurance Card: Attach a copy of your insurance card (front and back) with this form.

3. Parent / Legal Guardian Emergency Contact Information:

Name: _____ Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____ ext: _____

Employer: _____ Work / Home Fax: (_____) _____ - _____

4. Medical History:

Please indicate medical condition(s) that should be considered in case of an emergency.

(i.e. allergies, medications, heart conditions, asthma...etc.)

By signing below, the student and parent/legal guardian(s) do hereby affirm that the above information is true and accurate to the best of their knowledge.

Student Signature: _____ Date: _____

Parent / Legal Guardian Signature: _____ Date: _____

(required if student is under the age of 18)

This information is required by the NCAA and a Defiance College policy on an **annual basis** as part of the "registration" process. This information will be kept confidential and only utilized by the Health Center, Athletic Department, Residence Life or in case of emergency.

701 North Clinton Street | Defiance, Ohio 43512

White copy: Health Center; Yellow copy: Athletics; Pink copy: Residence Life (4/2009)