

Upper Midwest Extension Course of Study School
Morningside College, Sioux City, Iowa

Health Insurance Verification Form

Any student enrolled in the Course of Study/ECE Program is required to submit proof of health insurance coverage in order to register for classes. This insurance may be through any provider of personal choice.

Name of Student Social Security Number

Name of Provider (Insurance Company)

Name of Policy Holder (if different from student)

Attach a copy of your current membership card or proof of payment of premium

Person to contact in case of emergency:

Name and phone number Relationship to you

Address _____

City, State Zip _____

Home Phone _____ Work phone _____

Name of your physician _____

Physician Office Phone () _____

Medications

List the prescription drugs and medicines which you are presently taking, if any.

(1) _____

(2) _____

(3) _____

Any additional information you feel would be helpful in an emergency:

Emergency Authorization

I, the undersigned hereby give any licensed practicing physician or hospital full authority to provide emergency medical treatment in the event of such treatment is needed and I am not able to make such a decision. I also hereby give my permission for a licensed practicing physician to administer any medical treatment he/she may deem necessary for me in the event of a medical emergency.

Morningside College assumes no financial responsibility or legal liability for any student who receives health care during Course of Study.

Signed

Date

Witness signature

Date