

## Emergency Student/Parent Insurance Information

<b>Academic year:</b> August 1, 2009—July 31, 2010		<b>School:</b> Syracuse University	
<b>Student name</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>First:</b>	<b>Middle:</b>	<b>Last:</b>	
<b>Birth date</b>	<b>Social security number</b>		
<b>Student local address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Primary insurance company name</b>			
<b>Insurance company phone</b>			
<b>Insurance claims mailing address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Policyholder name</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>First:</b>	<b>Middle:</b>	<b>Last:</b>	
<b>Birth date</b>	<b>Social security number</b>		
<b>Insurance identification number</b>		<b>Insurance or group number</b>	
<b>Policyholder phone</b>		<b>Relation to student</b>	
		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent	
<b>Emergency contact name</b>		<b>Relation to student</b>	
		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent	
<b>Emergency contact phone</b>		<b>Hospital preference</b>	
<b>Medical information</b> (allergies, medications, conditions, diagnosis, other important information):			