

Emergency Student/Parent Insurance Information

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