



INSURANCE INFORMATION

SD MINES SUMMER CAMPS

Printed Name of Student: _____ DOB: _____

Please help us properly care for your child in the event of illness or injury.

Please indicate what type of health insurance the student has and **attach a photocopy of the insurance documents to this form.**

We have individual or group insurance;

- Individual Insurance
- Group Insurance

Company Name: _____

Policy Number: _____

Expiration Date: _____

Check the following boxes if they apply to you:

- We have insurance through Indian Health Service
- We have coverage under Title XIX
- We do NOT have coverage of any kind

_____ I understand that SDSM&T is **NOT** financially responsible for medical expenses incurred by the student and that I am personally responsible for any expenses incurred by a medical, dental or vision visit.

(Parent/Guardian Signature) _____
(Date)

(Parent/Guardian Printed Name)

Student's Medical Information:

Allergies: _____

Medications: _____

Conditions We Should Know: _____

Other: _____