



# INSURANCE INFORMATION

SOUTH DAKOTA 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 South Dakota Mines 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: \_\_\_\_\_