



FORM #2: INTERNATIONAL INTENSIVE SUMMER CAMP 2023

HEALTH INSURANCE INFORMATION

* There is a mandatory requirement for all international students to have medical coverage or an ASSIST CARD, which covers medical expenses and provides assistance in case of any emergency. *

Is the participant covered by family or hospital medical insurance, with international coverage?

Yes _____ No _____ N/A _____

Is the participant covered by an ASSIST CARD with coverage in the United States?

Yes _____ No _____ N/A _____

If the answer is "Yes", please attaching a photocopy of your insurance card (front and back) with this form and complete the form below.

Name of Insurance Company: _____

Insurance Company Phone #: _____

Full Name of Policy Holder: _____

Passport Number: _____

Client ID #: _____

Policy #: _____

Blood Type: _____

Are there any Special Medical Conditions: Yes _____ No _____

If yes, please explain below:

Medications: Yes _____ No _____

If yes, please explain below:

Does the Student Have Any Ongoing Injuries? Yes _____ No _____

If yes, please explain below:

Emergency Contact Name: _____

Relationship to Student: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____