



HOBART AND WILLIAM SMITH COLLEGES

EMERGENCY INFORMATION FORM

Summer Institute

The following information is kept on file as a service to the health care providers in the area.

Name Last First Middle Class Year

Birthdate Date

Address Number Street Apartment number

City State Zip Code Telephone (include area code)

Current health insurance provider

Provider's address

Name of group plan (if applicable)

Policy holder's name

Contract number Group number

To the best of my knowledge, the above insurance coverage is in force. If I change coverage, I will forward updated information to the Office of Opportunity Programs.

Student signature (required) Date

Parent/Guardian signature Date

Emergency Release Waiver

I hereby authorize Hobart and William Smith Colleges to act for me according to their best judgement in any emergency requiring medical attention, and I hereby waive and release the Colleges from any and all liability for any injuries while in attendance.

Student signature (required) Date

Parent/Guardian signature Date

Parent/Guardian signature required if student is less than 18 years of age.

Please return this form, in the envelope provided, directly to the

Office of Academic Opportunity Programs and the Summer Institute Hobart and William Smith Colleges 288 Pulteney Street Geneva, NY 14456