



# EMERGENCY CONTACT & HEALTH INSURANCE INFO FORM

## University of California, Santa Cruz

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Student ID# W Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ / \_\_\_\_\_

Street City, State, & Zip Code Phone #

Local Address: \_\_\_\_\_ / \_\_\_\_\_

Street City, State, & Zip Code Cell Phone #

Person to be notified in case of emergency: \_\_\_\_\_ Relation to Athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Alternative person to be notified in case of emergency: \_\_\_\_\_ Relation to Athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Citizenship (Circle One) U.S. Student Visa Resident Alien Other: \_\_\_\_\_

Allergies (Medications & Other): \_\_\_\_\_

Current Medications: \_\_\_\_\_

**NOTE\*\*UCSC Health Insurance (USHIP) is not eligible as a primary insurance carrier.**

Policy Holder Name: \_\_\_\_\_

Relationship to Student-Athlete: \_\_\_\_\_

Address: \_\_\_\_\_

Street City, State, & Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health Insurance Co. Name \_\_\_\_\_

Health Insurance Co. Address: \_\_\_\_\_

Street City, State, & Zip

Ins I.D.#: \_\_\_\_\_ Group # (if applicable): \_\_\_\_\_

Effective Date of Ins. Policy: \_\_\_\_\_ Expiration Date of YOUR Ins. Policy: \_\_\_\_\_

(Date when insurance plan was acquired, month/year) (Not always same as parent/guardian exp. date, month/year)

Primary Physician: \_\_\_\_\_

Physician Office Number: \_\_\_\_\_

Does your insurance policy meet the NCAA min requirement of \$90,000?  Yes  No

Does your insurance policy cover athletically related injuries?  Yes  No

**IMPORTANT:** Completing this form does not mean that you are waiving out of the UCSC sponsored health insurance plan for the current academic year; you must complete an online waiver. To waive, log on to the UCSC Student portal at <http://my.ucsc.edu> with your user name and password. The Student Health Insurance Waiver link is found under "Academic News." If you need help please call the Student Insurance Office at 831-459-2389

**I have read and agree to comply with the provisions of the Acknowledgement of Insurance Requirements.**

\_\_\_\_\_  
Student-Athlete Signature Date Parent/Guardian Signature (if under 18 years) Date

**Please keep a copy of these documents for your records.**