

Last Name	First Name	MI	DOB
Home Address (Street/P.O. Box)	Email		
City/State/Zip	Cell	Home _	
Davis College requires all students taking through the college to show proof of heal 'safety net' against unforeseen medical ex	th insurance covering them in Broo	me County, New Y	ork. This requirement serves as a
Davis College does not offer a student he	ealth insurance plan.		
country's Travel Abroad Insurance renewed annually for as long as to the An individual who does not have All athletic injuries fall under the	ce companies. Premiums for such po the student is enrolled at Davis Collo insurance coverage is not eligible fo e student's own health insurance p	olicies must be pai ege. or any hospital pat olan. There is no ac	tient assistance program. dditional coverage by the college.
I do not need to show proof of Health participating in campus athletics.	n Insurance coverage because I am (currently taking le	ss than 6 credits and will not be
Verification:			
Attached is a copy of my current/valid County, New York. I understand that any will be my own personal financial respons	medical treatment not covered by n		_
I opt out of enrolling in any health insconsequences for not having insurance constitutional Students MAY	overage and that any medical bills in		
Signature:		Date:	
Parent/Guardian must sign if	student is under 18 years of age		