

TEACHERS COLLEGE

COLUMBIA UNIVERSITY

Office of Risk Management

Emergency Contact and Medical Insurance Information

Students (non-faculty and employee members) must complete the proof of insurance information and must return the signed form to the Office of Risk Management. All participants must have International health insurance to participating in International travel on TC's business and/or Study Tour groups.

Student (Non Faculty and Employee member) Information

Name:
TC ID#:
Address:
City:
State:
Zip:
Local Phone
Cell Phone:
Email Address:
Department Major/Employment Position:

Please identify a parent and/or other person that you would like the College to contact in the event of an emergency:

Emergency Contact

Name:
Relationship to You:
Address:
City:
State:
Zip:
Home Phone:
Cell Phone:
Employer:
Work Phone:
Email:

TEACHERS COLLEGE

COLUMBIA UNIVERSITY

Office of Risk Management

Insurance Information

Name of Insured:
DOB:
Relationship to Patient Name of Employer:
Work Phone:
Address of Employer:
City:
State:
Zip:
Insurance Company:
Group #:
ID#:
Ins Co Address:
Ins Co. Phone

DO YOU HAVE ANY ADDITIONAL INSURANCE? Yes No IF YES, COMPLETE THE FOLLOWING

Name of Insured:
DOB:
Relationship to Patient:
Name of Employer:
Work Phone:
Address of Employer:
City:
State:
Zip
Insurance Company:
Group #:
ID#:
Ins Co Address:
Ins Co. Phone:

Signature: _____
Print Name: _____
Date: _____