



Student Emergency Information Sheet 2006-2007
OFFICE of STUDENT AFFAIRS

Tusculum College
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www.tusculum.edu

Please print or type

Name:

Last First M.I. Preferred

SSN:

Birthdate:

Sex:

☐ Male ☐ Female

Citizenship:

Intended major:

EMERGENCY INFORMATION

Emergency Contact (parent/guardian)

Last First Home Phone Work Phone Cellular or Pager

Emergency Contact (other than parent/guardian)

Last First Home Phone Work Phone Cellular or Pager

INSURANCE INFORMATION

Please include information for the person who is responsible for paying the student's medical bills (guarantor). Attach a copy of the front and back of any insurance cards to this form to avoid claims delays.

Guarantor

Name Birthdate Social Security # Relationship to student

Address Phone

Employer

Name Address Phone

Insurance Co.

Name Policy Number/Group Number Address Phone

Is any company or plan listed above considered Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)?

☐ Yes ☐ No

Does your insurance plan require a second opinion before surgery?

☐ Yes ☐ No

Family Physician

Name Address Phone

AUTHORIZATIONS

We hereby authorize Tusculum College and its insurance provider to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and other data covering previous confinements and/or disabilities. A copy of this authorization shall be deemed as effective and valid as the original. We further authorize the medical staff at Tusculum College to provide medical care. In the event that medical care is needed beyond the services that can be provided by Tusculum College personnel, we authorize the following hospitals or physicians to render service (Takoma Medical Group, Takoma Hospital and /or Physicians, Laughlin Hospital and/or Physicians, Johnson City Medical Center and/or Physician). We the parents/guardians, will be responsible for the fee of such services. You may bill us for the amount due.

Student signature _____ Date _____
Parent/Guardian signature _____ Date _____