



NCHC Participant Health Insurance Information

I have applied for, and have been chosen to participate in, a National Collegiate Honors Council (NCHC)- sponsored off- campus study program. I recognize that I am not able to participate in this activity if I do not have health insurance.

Please indicate company name of your medical insurer:

Insurance Policy Number:

Emergency Medical Transportation:

In case of an emergency, I give permission for transportation to any medical facility or hospital.

I have read and understand this Agreement, and I will abide by its terms and conditions. I knowingly and voluntarily sign this Agreement.

Date

Signature of Participant