

# SUMMER ENRICHMENT PROGRAM

*Student Medical Insurance Card*

*Item C*

Parents:

Please attach to this sheet a copy of the front and back of your child's medical insurance card.

*If you do not have health insurance, please fill out medical insurance waiver below.*

## Agreement to Pay for Emergency Health Care *(for people with no medical insurance)*

Date \_\_\_\_\_

I agree to reimburse the Summer Enrichment Program at the University of Northern Colorado any medical expenses incurred by my child, (print) \_\_\_\_\_

during his/her enrollment in the program.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_