

**INSURANCE AUTHORIZATION FORM for
CMC Hosted Short-Term Programs**
(To be completed by parent/guardian or policyholder)

Student's Name: _____ ID # _____
(Last) (First)

Program Location: _____ Date of Birth: _____

Claremont McKenna College requires all students to have health insurance. Please indicate below your health insurance information and whether it covers you in the countries you will be visiting.

Name of Insurance Company: _____

Policy # _____ Telephone #: _____

Address: _____

I hereby certify that my student is adequately covered by our personal insurance and my student will be covered while participating in this CMC hosted international program.

Signature of Policyholder

Date

Printed Name

Relationship to Student

Return this form to: _____
CMC Sponsoring Organization

Program Contact Name

Phone Number