



PROOF OF PERSONAL INSURANCE COVERAGE

I understand that my child, (Print Name of Participant) _____, will not be provided insurance through the UTHSCSA and must be covered by personal insurance while on campus and participating in functions associated with their participation in (Print Name of Research Activity/Program) _____.

I will provide a copy (front and back) of the current insurance card of the insurance provider covering my child. This document will be accompany my child and be submitted at Orientation.

PRINTED NAME of Parent/Legal Guardian: _____

SIGNATURE of Parent/Legal Guardian: _____

Today's Date: _____