

# DECLARATION OF INSURANCE

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Health insurance is a necessity for every individual participating in UW Nurse Camp. UW School of Nursing staff want to ensure that you have medical insurance or access to health care should you need it. We are concerned that you have access to care in the event you are ill or in need of medical assistance. Please complete the following, check the line that applies to you and return this form to program staff as soon as possible, but no later than the first day of the program.

Name: \_\_\_\_\_

☐ I have health insurance. My insurance company is: \_\_\_\_\_  
(Medical coupons and HIS are counted as insurance.)

☐ I do not have health insurance. In the event I need to be seen a health care facility, I will be responsible for payment of any medical or dental costs billed to me.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Please attach a copy of your insurance card.