

THE DARLINGTON COUNTY INSTITUTE OF TECHNOLOGY

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INSURANCE DOCUMENTATION

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMERGENCY CONTACT _____

INSURANCE:

- 1) Did you purchase school insurance for your child? _____ Yes _____ No
- 2) Do you have personal insurance for your child? _____ Yes _____ No
- 3) Is your child covered by a family physician? _____ Yes _____ No
- 4) Does your child have a Medicaid card? _____ Yes _____ No

If so, what is the Medicaid Number? _____

Name of Insurance Company _____

Policy Number: _____

Family Doctor _____ Phone Number _____

PARENT/GUARDIAN EMPLOYER:

Father's Employer: _____

Father's Business Phone: _____ Father's Cell Phone _____

Mother's Employer: _____

Mother's Business Phone: _____ Mother's Cell Phone _____

Parent/Guardian's Signature

Date