

STUDENT INSURANCE CONDUCT CODE

I certify that I *have* personal health care coverage and if I become ill, injured or hospitalized while on a Fox Valley Technical College student trip, my insurance company and I am responsible for all costs I incur related to this injury, illness or hospitalization.

Name (please print)

_____ Signature _____

Date _____ Organization _____

I certify that I **do not** have personal health care coverage; however, I will not hold Fox Valley Technical College liable for any costs I incur due to illness, injury or hospitalization. These costs will be my personal responsibility if I am injured, become ill, or hospitalized while on a FVTC student trip.

Name _____ Signature _____

Date _____ Organization _____